Clinical Lectures
ON
CASES OF DIFFICULT DIAGNOSIS.

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LECTURE II.

STRICTURE OF THE ILEO-CÆCAL VALVE.

(*Concluded from page 3.*)

You will remember that we found that the male sex is much more liable to all forms of acute disease of the cæcum than the female, whether it be typhlitis, ulceration of the appendix vermiformis, or ileo-cæcal intussusception; but you will now see that the contrary is the case as regards contraction of the ileo-cæcal valve; for out of twenty cases in which the sex is recorded, fourteen were females. If we analyse them according to the morbid conditions coexisting with the stricture, the same circumstance is apparent; thus both of the cases supposed to have arisen from invagination were females, six out of eight cases of cancer, and four in which contraction alone is recorded were all of the same sex. The only exception is in the group in which the valve is said to have been indurated, and which I have suggested may have arisen from syphilis, for in these four were males and only one was a female. Of course, these figures are too few to justify us in drawing any general conclusions; but, like the corresponding case of the greater tendency in the female to contraction of the cardiac valves, they seem to point either to a greater liability of the female to contraction after inflammation, or to some difference in the conditions under which she is placed. It will be interesting to examine the time of life at which the complaint is most apt to occur. The age is mentioned in only sixteen of the twenty-six cases I have been able to collect, and of these ten were between twenty and forty years of age. If, however, we exclude those in which cancer is stated to have been present, we find that eight out of ten were between twenty and forty, and as the other two are stated to have exhibited induration, it is not improbable that these may have been connected with malignant disease. We should bear in mind this fact in the diagnosis of any particular case, for most of the diseases with which we are apt to confound simple stricture of the ileo-cæcal valve are especially apt to occur at an early or at a late period of life.

It will be remarked that the disease commenced differently in the three cases I have narrated. In the first the patient was attacked suddenly with diarrhœa and pain in the abdomen, and after an illness of eight days these symptoms subsided, but were gradually followed by those of intestinal obstruction; in the second the first indication of illness consisted in a sensation of movement and of pain in the abdomen, attended with swelling; whilst in the third griping pains first attracted the patient's attention. In twelve out of sixteen of the cases I have collected and whose histories are recorded, the first symptom was pain in the abdomen, usually of a colicky character; in five vomiting was also present, and in three severe constipation obliged the patient first to seek for medical advice.

In the cases in our wards attacks of colicky pain formed the most noticeable symptom through the whole course of the illness; at first coming on only occasionally, but increasing in frequency and severity as the disease progressed. Of sixteen recorded cases this was the prominent symptom in eleven; in most of them its spasmodic character was specially noticed, and in some a rumbling of the intestines at the end of each paroxysm of pain is also stated to have been present. Abdominal distension was noticed in twelve, and vomiting was a well-marked symptom also in twelve cases. In one case vomiting was the chief symptom, and lasted for many years, the patient being looked upon as hysterical, but after death the only morbid condition that could be discovered was stricture of the ileo-cæcal valve. In five instances the bowels continued to act regularly for some time after severe pain had been complained of, but generally constipation came on at an early period, and was removed by purgatives or enemata, but returned, and eventually the symptoms of complete intestinal obstruction were developed. It should, however, be borne in mind that even after the bowels—as in Case 3—cease to act, occasional small stools may be passed; and why I wish to press this especially upon your notice is because this circumstance has often led to the delusive hope that the obstruction was about to be overcome, when, in reality, the ill effects of intestinal distension were increasing day by day. A certain amount of tenderness on pressure has been observed in some instances, but general tenderness was not present, excepting when peritonitis had been excited by perforation of the intestine. Of course, the whole system sympathises with the state of the intestinal canal; the tongue becomes furred or dry, the appetite fails, thirst is a prominent symptom, in some instances there is a rise of temperature, and the pulse becomes quick, out of proportion to the other symptoms, having varied in five cases from 100° to 120°.

In two of the cases I have collected a tumour was discovered in the right side of the abdomen, but in each it was found after death to have been connected with a disease of the cæcum which coexisted with the stricture of the valve, and in none of our own cases was there any appearance of a tumour. In the three cases I have narrated the movements of the small intestines were distinctly visible through the abdominal walls, and in seven out of sixteen cases I have collected particular mention is made of this circumstance, and in only one it is stated not to have been present. As this is a most important physical sign in all cases of obstruction of the intestines, it will be necessary for us to devote some attention to its consideration. You must be careful not to confound it with the slight movements of the intestines which you will occasionally observe in females who have had repeated pregnancies, and in some children with very thin abdominal parietes. In these the colon often projects across the umbilical region, and as you watch you will see its shape and position gradually, but slowly, change. But there is no active contraction, no writhing motion, as though the canal were thrown into spasmodic efforts to force along its contents, as in cases where there is a constriction in the canal. Again, the motions of the stomach are occasionally capable of being seen, as you were able to observe in two cases that have been lately in our wards, but in these the movements are always slow, the elevations are much broader than where the intestines are affected, and you have the symptoms and physical signs of stricture of the pylorus to guide your diagnosis. Then you will naturally ask why the movements of the intestinal canal should be so increased as to be visible. This circumstance had long attracted the attention of practitioners, as occasionally occurring in intestinal obstruction; but Dr. Hilton Fagge first insisted upon it as a sign of hypertrophy of the muscular coat, and there is no doubt that his opinion is correct, as in every case that has fallen under my notice wherever the motions of the stomach or intestines have been visible the muscular coat has been found on post-mortem examination to be thickened. The visible movements of the intestines have, in fact, the same value in the diagnosis of an obstruction in the canal as the increased impulse of the heart has in cardiac disease. You detect, for example, a systolic murmur over the aorta, and you are in doubt whether it is merely functional or is produced by a narrowing at the aortic valves. In order to determine the point, you examine the apex of the heart to ascertain if there is an increase in its impulse and a deviation from its normal position; for if this is the case, you know the ventricle has become hypertrophied from the increased action required to drive the blood through the constricted opening. In like manner, when you see the intestinal contractions so much increased as to be visible through the walls of the abdomen, you feel certain their muscular coat has become hypertrophied from increased efforts to overcome some obstruction to the progress of their contents. In the case of the heart, you know that its impulse may be unusually apparent, because the chest walls are very thin; and so, as I have said before, the motions of the intestines, although no hypertrophy is present, may be seen through very attenuated abdominal parietes; but in either case you diagnose hypertrophy by the increased force with which the contraction takes place. Hypertrophy of the heart occurs whenever there is difficulty in the transmission of the blood through the vascular system, even though the valves may be healthy, as you see daily in cases of chronic Bright's disease; and in like manner any long-continued impediment in any part of the intestinal canal will give rise to visible movements of the intestines of the

same character as those apparent in stricture of the ileo-cæcal valve.

There is another physical sign which was observed in a case recorded by Dr. Wickham Legg, and which was found after death to have been produced by the collection of cherry stones in the ileum. It is described in the words of the reporter thus: "In the left iliac fossa and a little above the left flank a most singular phenomenon, both of sound and feel, was discovered. In regard of sound it is like dryish crackling, not unlike surgical emphysema; is by others likened to peas in a drum shaken about, by others to marbles." As, however, I have found only three cases in which there was any collection of foreign bodies above the stricture, this sign is not likely to be of much use to us in diagnosis. All the symptoms we have considered arise from the efforts of the intestines to overcome the obstruction to the onward progress of their contents, but as the constriction is often a very slow process, no functional disturbances may be produced so long as there is a tolerably free opening into the cæcum. This is the most probable explanation of a few cases that have been placed on record, in which the contraction of the ileo-cæcal valve was accidentally discovered after death, the patients having suffered no inconvenience during life, and having died of other diseases. Thus, in one case death took place from typhoid fever, in another it was caused by pneumonia, and in a third by tuberculosis.

We can only reckon the commencement of any particular case from the time at which the patient first experienced pain or other symptoms resulting from obstruction, and we find the duration of the disease varies both with the condition of the stricture and the cause producing it. When it was connected with cancer, two died within one month, one in five weeks, one in three months, another in five and another in six months. Vomiting was a prominent symptom in all, and death seemed to result solely from intestinal obstruction. When the stricture was independent of cancer, one died within one month, three between one and three months, one suffered for two years, one for seven and another for twenty-one years. The case supposed to have proceeded from intussusception lived only five months, whilst that beginning with perityphlitis lived eleven years. Putting aside those connected with cancer, the duration of any particular case seems to depend chiefly upon the narrowness of the stricture and upon the amount of relief that may have been afforded by a circuitous route established between the small and large intestines.

The diagnosis of this disease is attended with great difficulty, and you must, in any case where you may suspect it to be present, bear in mind its extreme rarity. The chief points to remember are that it occurs most commonly in the female between the ages of twenty and forty, that the prominent symptom is the frequent attacks of severe colicky pain attended with constipation and vomiting, and that active movements of the intestines are visible through the abdominal parietes. If you find such conditions, you know there is an obstruction in some part of the intestinal canal, and you have to determine its seat and the condition that has produced it. The first point is to ascertain whether the stricture is or is not in the course of the large intestine, for in the majority of cases of narrowing of the intestine the sigmoid flexure or the rectum is the part affected. If such is the case you often have a history of the passage of blood or mucus, or the fæces may have been of very small size, and in many cases you can prove the existence of the stricture by the finger or by a bougie passed up the rectum. If, on the other hand, the ascending colon or the cæcum is the seat of stricture, a tumour can be generally distinguished on the right side of the abdomen, for in this situation it is almost always the result of cancer. When a stricture is situated at the cæcum there are usually well-marked dulness and distension on the right side of the hypogastrium, whilst the opposite side is the seat of these signs in case the upper part of the rectum is involved. It is often said that when the left side of the large intestine is constricted the colon projects in the umbilical or epigastric region, whilst the umbilical and lumbar regions are comparatively flat if the stricture is in the small intestine. This, like all other general rules, although often of value, is not always to be relied upon; for we not infrequently see the colon so lengthened and displaced that it seems to fill the whole of the abdomen; whilst, on the other hand, a distended small intestine may be pushed upwards so as to occupy the epigastrium, and may consequently simulate the appearance of a distended colon. You might expect that when the colon was constricted the visible movements of the intestines would be directed to the left side, and that they would tend to the right if the stricture was in the small intestines; but it is in most cases impossible to determine in what direction the intestine is really moving, for a number of coils seem to be everywhere twisting about at the same time. What will perhaps be your best guide is that in stricture of the small intestine the motions are more energetic, the coils seem to be shorter and change their position more constantly, and the gurgling sound produced is moister, and gives you more the impression of the motion of fluid and gas intermixed than when the colon is the seat of the obstruction.

You may confound chronic cases of ileo-cæcal intussusception with the disease we are considering, for in both frequent attacks of colic are a prominent symptom. But the former is most common in children and in males, whilst constriction of the ileo-cæcal valve presents itself generally in females of middle age; in intussusception you have occasional discharges of blood or mucus, and there is almost always a tumour to be felt, which is apt to change its form, consistence, and position from day to day.

Constriction of the small intestine, whether produced by adhesion to some of the neighbouring organs or by contraction of the mesentery, may give rise both to the symptoms and physical signs of stricture at the ileo-cæcal valve; indeed, this was diagnosed in Case 2 as the probable cause of the patient's sufferings, as pelvic tumour was discovered, and there was a history of extra-uterine fœtation. You will only be able to arrive at a correct conclusion by making a careful examination of the pelvic organs in order to ascertain if there is any disease of the bladder, uterus, or ovaries likely to have given rise to local peritonitis. If, for example, carcinoma of any of these organs were discovered, constriction of the small intestines from adhesion would be a more probable diagnosis than simple stricture of the valve. You might imagine from the manner in which the intestines are often found to be matted together in tubercular peritonitis that intestinal obstruction would often occur from this cause. This may sometimes take place, but as ulceration of the mucous membrane is also usually present, diarrhœa, and not constipation, is generally the prominent symptom.

Cancer of the peritoneum frequently gives rise to constriction and obstruction of the intestines. When the disease is, as is usually the case, associated with ascites and with abdominal tumours, the diagnosis is tolerably easy. But there is another and more rare case, in which the cancer is scattered over the peritoneum in a miliary form, and in which attacks of colic are for some time the only prominent symptom; and here it would be a matter of great difficulty to arrive at a correct diagnosis in an early stage of the disease. You should in such instances always examine by the rectum, for often small tumours are to be felt in Douglas's pouch, when they are nowhere else to be discovered; and if in addition to the presence of a tumour you find a gradual loss of flesh and strength, the occurrence of ascites, or an implication of some other organ, you have facts that will enable you to arrive at a correct conclusion.

The first two cases occurring in our wards were treated by morphia, in order to relieve the pain from which the patients suffered, whilst the action of the bowels was assisted by enemata, but only temporary relief was afforded. There was no obstruction in either case, and the patients both died suddenly from collapse. In the third case the patient was admitted on account of obstruction of the bowels, and although some slight evacuations were obtained by enemata, he was not relieved until the small intestine was opened by operation and its contents evacuated. He died not of obstruction, but of pneumonia. It will be remarked that in none of these cases was the communication between the ileum and the cæcum completely closed; in the first there were two or three small openings, in the second a quill could be passed, and in the third the valve admitted the point of the finger. There was, therefore, nothing that was necessarily fatal, and we can only attribute the unfortunate terminations to the great and long-continued distension of the intestines and the effects of this upon the nervous and vascular systems. Now, in any future case of this kind, what treatment should be adopted in case the diagnosis was sufficiently clear to enable us to fix upon the ileo-cæcal valve as the point of stricture? We have no medicines that can prevent the gradual contraction that occurs after chronic inflammation of the ileo-

cæcal valve any more than we can stop a similar change in the mitral or aortic valves of the heart; and although, when we have reason to suspect syphilis as having originated the disease, we might employ medicines appropriate for that disease, it is unlikely that we could restore the part to its original condition by means of mercury or iodine. Clearly, then, the only plan to afford relief is what was done in the third case by Mr. Waren Tay—viz., to make an artificial opening into the small intestine near to the cæcum. The proper method of performing such an operation falls within the province of the surgeon, but I would advise you, in case you should have to undertake it, to read the account of a successful case of opening of the small intestine that was under the care of my colleague, Mr. Macarthy, which was published in the Medico-Chirurgical Transactions for 1872. It is true the patient eventually died, but the operation was successful in affording relief, and the wound had healed some time before death took place. There seems indeed no reason why an artificial opening should not be made into the small intestine with a fair prospect of success, if the same precautions be taken as in other operations on the abdominal cavity. But the chief point is, not to delay it until the portion of the canal above the stricture has become paralysed, or the heart has been so much depressed, through the sympathetic, that collapse is imminent. I have mainly brought these cases before you to impress upon your minds that all strictures of the intestines are not cancerous, and therefore not necessarily fatal, that the hypertrophy of their muscular walls affords a most valuable sign that constriction has been for some time in existence, and not likely, therefore, to yield to medical treatment, and that the interference of the surgeon may not only afford temporary relief, but restore the patient to a state of comparative health.

Lecture
ON
AFFECTIONS OF THE THROAT AND NASAL PASSAGES ASSOCIATED WITH DISEASE OF THE MIDDLE EAR.

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LECTURE III.

GENTLEMEN,—Inasmuch as a very large number of the conditions which affect the middle ear and are included under the general term catarrh are the direct consequence of a morbid state of the throat and nose, or, to speak more accurately, of the pharynx and naso-pharynx, it is important for the clear understanding of diseases of the ear to properly estimate and recognise these conditions. Moreover, diseases in this situation not only precede ear affections, but are very frequently coexistent with them during their entire course, sometimes extending over a period of many years. Before you attempt to acquaint yourselves with the chronic morbid states of the throat and nose, consider for a moment what are the circumstances under which the acute forms most usually come under the notice of medical men. Putting on one side for the moment syphilis, there remains inflammation as it appears associated with all the fevers, including diphtheria and whooping-cough. Thus you will find that the seeds of most diseases of the throat and nose, except polypus, are generally laid in childhood, when the subjects of these troubles have suffered in early life from the exanthematous fevers to which they are so much exposed. In scarlet fever, measles, chicken-pox, small-pox, diphtheria, and the like, that considerable area of mucous membrane which covers the pharynx and nasal passages is throughout affected, so that, as might be expected, long after these maladies have been recovered from, a greater or lesser part of this area is found to have undergone change. There is little doubt that, if during the acute stages of these fevers more attention were paid to the local state of the nose, so many cases of troublesome chronic affections would not be seen. Very naturally at such times the more serious condition of the patient absorbs and demands all the care which can be given; and even during convalescence the state of the nostrils, although there is often a muco-purulent discharge from them, is not so strictly watched and treated as it might be. Hence, therefore, the great prevalence of chronic catarrh of the pharynx and nares, which, beginning at the time of the acute febrile state, remains for years, or even during the remainder of a life. Hence also the various conditions which lead to what is popularly called throat deafness, a safe and useful term to apply to a disorder if the cause and precise nature of it are imperfectly understood.

In examining a case of chronic catarrh of the middle ear, either with or without obstruction of the Eustachian tubes, you will constantly see, on looking at the throat, thick tenacious mucus adhering to the upper part of the pharynx, and with this, what is termed a granular pharynx—that is, the back of the pharynx is seen to be studded with separate granular bodies, which in severe forms of this state are so numerous that two or three run into one. This appearance is due, according to Politzer and others, to swelling of the follicles in the submucous connective tissue. The morbid state often involves the posterior nares, the upper and back wall of the pharynx, and, by extension to the opening of the Eustachian tubes, causes obtruction to the passage of air to the tympanum. In this region—viz., in the upper and back wall of the pharynx—is found the adenoid tissue which was first described by His, and excessive development of this tissue takes the form of what are spoken of as adenoid vegetations or growths. To Meyer of Copenhagen, in 1868, we are indebted for the first complete notice of this disease, which it is now generally admitted is the very frequent cause of imperfect nasal breathing, as well as obstruction of the Eustachian tubes. But, even previouly to this, isolated cases had been observed by Voltolini and Lowenberg. In regard to this matter I shall have something to say presently. Granular pharynx must not be confused with a condition which is found in persons who have been subjected to unhealthy and debilitating conditions, such as long hours of confinement in an unhealthy atmosphere, engaged in assiduous employment, and living under generally depressing influences; I mean an appearance of yellowish spots on the tonsils and pharynx. From these spots, if they are pressed, a sort of cheesy secretion may be forced out. In this state it is enough to say that a complete change which embraces plenty of exercise in fresh good air, either at sea or in the country, will do more in a short time than any sort of medicine or local treatment that can be prescribed. When the middle ear becomes involved in this condition of throat the catarrh is acute and the tympanic membrane is generally ruptured. Some of the most pronounced cases of true granular pharynx which have been associated with obstruction of the Eustachian tubes have occurred in my practice to those who pursue their calling in all atmospheres out of doors—dusty, cold, and damp; to auctioneers and betting men, the latter shouting for many hours daily, and relieving the intervals by the free use of alcoholic drinks.

It need be no matter of wonder that some alteration in tissue should follow such undue strains and undue exposure of a mucous surface; a very reasonable penalty for exceeding the intentions of nature. In regard to the treatment of this condition, attention to the general principles of health, including the giving up of stimulants, should precede everything. This having been effected, great benefit will follow the daily use of astringent applications. Amongst these may be reckoned the painting with a throat brush the whole of the pharynx with a saturated watery solution of perchloride of iron. This can be readily done by the patient if he stands in front of a mirror, or by an attendant. In very severe cases the granulations will require to be destroyed by caustic. As, however, the posterior nares share the general condition, the patient must use twice daily an alkaline solution through the nostrils with a small nasal syringe. As I have often said before, this is to be preferred to the nasal douche, for there is no danger, as there is with the douche, of the fluid from the syringe rushing into the tympana, and exciting inflammation. As to the kind of solution, I have not as yet found anything better than the mixture of soda, borax, and chlorate of potash and sugar, which I introduced into our hospital pharmacopœia in 1873. By this treatment the mucus is expelled through the nostrils, and the patients are relieved from the unplea-

sant efforts to clear the throat, and the nasal breathing is re-established. Until this is done it is quite hopeless to expect that any local application can be of permanent service to the throat, as the external air, unless it is purified and warmed by passing through the nose, is one of the principal agents in keeping up this disorder. Adenoid growths in the naso-pharynx require a few words.

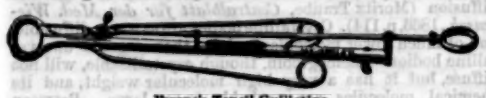
The paper on this matter by Meyer, already referred to, caused these growths to be very generally sought for whenever there was obstruction of nasal breathing associated with obstruction of the Eustachian tubes. Since that time the literature on the subject has been profuse, and the methods recommended of dealing with the growths have been as various as their somewhat hidden position might lead one to anticipate; but nothing material has been added to our knowledge of the subject beyond what may be found in Dr. Meyer's paper in the fifty-third volume of the Medico-Chirurgical Transactions. This contains a most graphic and exhaustive account of the disease, and it is not too much to say that its accuracy has been completely corroborated by all who have paid attention to this matter. The aspect of a child, or young person, who is deaf from obstruction of the Eustachian tubes, and unable to breathe through the nostrils, is very characteristic; the open mouth, the odd thick voice, the stupid look, and the fact of the patient's snoring when asleep, bespeak the condition; when this aspect is present, and when the tonsils are not found so very much enlarged, adenoid growths may be suspected, and should be sought for. It should, however, be observed that the two causes very often are found to exist together, so that it is quite possible to remove the tonsils and find the nasal obstruction still present. The search for these growths may be conducted in two ways: either by rhinoscopy or by examination with the finger.

Of the value of the first method and of its difficulties you may by attending the out-patients' department satisfy yourselves more completely and more satisfactorily than by anything I might say on the subject. It is sufficient here to observe that in a large number of patients it is not only very difficult, but practically impossible, to obtain a reflection of the posterior nares. This applies especially to young children and to grown up people in whom the pharynx is shallow. With these latter subjects there is not sufficient space between the soft palate and back wall of the pharynx to place the small laryngoscopic mirror without touching the pharynx and exciting retching. Under any circumstances it requires a good deal of practice to obtain a view. With a deep hollowed pharynx, in the manner in which I have demonstrated in previous lectures, these growths may be partially brought into view. I may repeat that the tongue should be depressed with the forefinger of the left hand or a tongue depressor. The small laryngoscopic mirror should be warmed and placed as far back on the pharynx as possible without touching it, the face of the mirror being turned from the uvula, directed a little upwards and outwards; by moving it in various directions from moment to moment a reflection of portions of the posterior nares may be obtained; the light from the forehead mirror being throughout the examination directed on to the small mirror. But a far more easy method of finding the growths, and one that is open to those who have not acquired facility in examining the posterior nares with reflected light, is the examination by touch. If the patient is seated in a chair the forefinger of the right hand, protected by a guard, may easily be introduced behind the soft palate in an upward direction; the left hand should be placed on the occiput, to support the patient's head. Adenoid growths may be readily recognised in this very simple manner by the fact that the pharynx is partially occupied by them, and by the sensation which they convey to the finger. It is as if the finger touched tissue like an enlarged tonsil. They also bleed when touched. There is one other symptom of the presence of adenoid vegetations in the vault of the pharynx, and it is one which is most distinctive of this condition. If fluid be syringed into the nostril in the inferior meatus, it will either pass into the throat or come out by the other nostril. As it is frequently necessary to order solutions to be used in this way, the difficulty experienced in using these solutions effectively will often direct attention to the presence of the adenoid growths. Indeed, where this difficulty is encountered the presence of these vegetations may be considered almost certain. It is still more so if the pinched appearance of the nose, which Dr. Meyer speaks of, is present. Whilst making an examination, if the growths are small, they may be scraped off the upper wall of the pharynx by the finger-nail and spat out, and this is all that is often necessary; indeed, it has been said by some that they never fail to completely remove them in this way. For my own part I cannot understand this, for they are often in such quantity and size as to fill the vault of the pharynx. In such instances it is necessary to make use of forceps, invented by Lowenberg, and now very generally employed for this purpose. Besides, the forefinger is often much interfered with in a shallow pharynx, and in young children, by the soft palate, which feels like a string.

Lowenberg's forceps are very easily introduced behind the soft palate, and most patients will submit to their use without an anæsthetic. Inasmuch, however, as they require to be used many times, it has been thought by some desirable to take all away that may be desirable on one occasion, and ether must then be given. It will then be necessary to use sponges fixed on to forceps or at the end of a stick, to prevent the blood trickling into the larynx; for there is always free bleeding, both in the pharynx and through the nose. When the subject of these growths is not a very small child, and the forefinger can be placed behind the soft palate, I have obtained good results by using a small scoop fixed on the end of the forefinger, and projecting only just beyond the nail—in short, a sort of artificial steel nail. With this instrument the pharynx can be rapidly and completely cleared of the adenoid growths, if they are not very large or in great masses. Any risk that might be incurred if the instrument dropped into the pharynx is obviated by having a long piece of string attached to it. There is, however, no danger of this if the scoop be made for the person who is to use it, as it is fixed tightly on to the finger like a thimble. Since the introduction of cocaine I have several times removed large pieces of adenoid tissue from the vault of the pharynx without any discomfort in introducing the forceps after a 20 per cent. solution of cocaine has been freely applied to the back of the pharynx. I must say I think it much better not to attempt to at once clear the pharynx (as it has been termed) under an anæsthetic, nor from what I have seen does it commend itself as a successful proceeding or devoid of unpleasant consequences. As general attention to adenoid growths is more or less of recent date, probably their treatment, as well as the literature of the subject, may be expected to undergo some modification. Not only very great, but almost immediate, relief to nasal obstruction follows the removal of these growths, as well as improvement in hearing. It is advisable to continue the use of alkaline solutions through the nostrils for a time, and occasionally to apply astringents, or even nitrate of silver, to the surface from which the growths have been taken away. It is satisfactory to notice that when once removed they do not return.

Closely associated with this condition is enlargement of the tonsils. General rules may be laid down in regard to them. First, they often obstruct free breathing through the nostrils. Second, very frequently they not only do this, but also keep up the unhealthy condition of the pharynx, and so become an indirect cause of obstruction of the Eustachian tubes; not a direct cause, for from their position they can never, however large, form a mechanical obstruction of these tubes. In either or both cases they should be removed. The enlargement is a true hypertrophy both of the body and follicles of the tonsil. There is a prevalent and popular idea that the tonsils should not be removed. This is due to the fact that in some instances, if the enlargement is not very great, they become smaller about the age of puberty. This is obviously no valid reason against their excision; for, in the first place, they generally do not follow this course, and if they did they are capable during the interval of being a very serious trouble. Indeed, it is often impossible to treat successfully the catarrh of the middle ear which accompanies them. If they are cut through the body of the gland, taking away about three-quarters of them, it is enough, for the rest contracts after the healing process is completed. As to the best means of removing tonsils, you will not find that those whose practice renders it necessary to constantly remove tonsils use a bistoury and forceps. They employ a tonsillotome (No. I.) or a guillotine (No. II.). After many years of constant practice in this matter I have no hesitation in strongly recommending the guillotine, which has been improved by Mr. Ewens (No. III.), and for the following reasons. Although No. I. is more simple in construction in unpractised hands the tonsil is liable to drop backwards

into the pharynx. It must then be spat out or coughed out. With No. II. the patient is apt to close the teeth on the instrument whilst it is being used, and so obstruct a view of the extent of tonsil being excised. With No. III. the bar prevents the mouth being shut, and thus a complete view is obtained of what is being done, the precise extent of what is to be removed can be judged, and the tonsil being transfixed by the instrument it cannot fall into



Rwens's Tonsil Guillotine.

the pharynx. These considerations are of great value in nervous persons, or especially with children, and outweigh any extra trouble there may be in cleaning and refixing the separate parts of the instrument.

So far as I can learn, whenever the internal carotid has been wounded in removing the tonsil, it has been done with a bistoury. With the guillotine there is generally very little bleeding, and if there is, it is not of a serious nature, and can readily be arrested if necessary by the local application of a saturated solution of perchloride of iron. I have only on two occasions known bleeding to be at all troublesome. Once some blood was swallowed, and the consequent act of vomiting constricted the vessels and stopped the oozing; another time the iron solution stopped it. If it is necessary to excise both tonsils, two guillotines should be at hand, and the second tonsil ought to be removed instantly after the first, in order that the bleeding from the first wound may not obscure the complete view of the other tonsil.

Although in most cases of catarrh of the middle ear, where they have arisen from a diseased condition of the mucous membrane of the pharynx and nares, there is an increased flow of mucus in the nasal cavities or pharynx, there is also a condition that is termed a dry catarrh of the lining membrane of the nose. In this, notwithstanding a certain stuffiness at the back of the nose and a difficulty of clearing their passages from mucus, the anterior nares are irritable and dry, and covered with little scabs, or dry yellow flakes. Now, this morbid state is almost peculiar to children and young people. If it has existed for some years, it is often impossible to point to a cause, but I have so often seen it at periods of a few months after measles or scarlet fever, and many times after whooping-cough, that I believe it more generally starts from one of these child's complaints than from any other immediate cause. Indeed, you know that catarrh of the middle ear often dates from whooping-cough, and some years ago I so often saw this dry catarrh a few months after whooping-cough in deaf children that I became accustomed to ask whether the child had recently had whooping-cough, or if not this, measles or scarlet fever. What seem at first apparently trifling ailments so frequently succeed these diseases that they are not noticed for a long time afterwards, and their origin is unsuspected. But this is not a trifling ailment, for it is the beginning of ozæna, and when ozæna is once fairly established it is probably never cured. It may be kept in check by daily attention extending over many years, but it is not eradicated. It becomes, therefore, most necessary to recognise this dry catarrh as soon as it shows itself, for in its early stages it can be put an end to. The first consideration is to cleanse thoroughly the nares with warm alkaline washes, used with the nasal syringe. The patient's head must be bent forward, and the fluid which is passed up one nostril must pour out of the other. Until this is done the little patients cannot clear their nostrils by using a handkerchief. The nurse must be carefully instructed how to syringe the nose thoroughly. After this, when the nostrils are completely cleansed with the handkerchief, a very weak ointment, composed of yellow oxide of mercury and vaseline, should be applied inside the nostrils with a small camel-hair pencil. Under this local treatment I have found many cases of dry catarrh, in the early stage, before it had passed into ozæna, get well.

In the treatment of diseases of the middle ear it is desirable to be familiar with the fact that in a very large number of the community the septum of the nose is not placed in the middle of the organ, and that the interior turbinated bone of one side is larger than on the other. If it therefore becomes important to use the Eustachian catheter, a certain proportion of cases will be met with in which it is impossible for these reasons to do so. With others a small catheter may be passed when an ordinary-sized one cannot. It is also of some interest to notice that the narrowed meatus is oftener the left than the right, and when one ear only is affected in such persons it is generally the one which corresponds to the narrowed meatus. You are aware that other means besides the catheter are available for the treatment of disease of the middle ear, so that when these deviations of the septum exist, or when the meatus is lessened by the undue size of the turbinated bones, it will, I believe, be well for the patient to submit to the slight inconvenience, rather than to incur the penalties which may follow any energy and enterprise of a surgical kind that might be thought likely to remove it.

ABSTRACT OF

Lettsomian Lectures

ON

DISORDERS OF DIGESTION,

THEIR CONSEQUENCES AND TREATMENT.

Delivered at the Medical Society of London on Monday, January 5th, 1885,

By T. LAUDER BRUNTON, M.D., F.R.C.P.,

ASSISTANT-PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL.

LECTURE I.

THE subject is one of great practical interest and of the widest extent. In his work on "Digestion and Secretion," forming Part III. of Sanderson's "Handbook for the Physiological Laboratory," 1873 (London: Churchill), he had treated of the physiological processes of digestion, and should therefore pass over this section with a few general remarks. Man has been defined as a cooking animal. This definition may not be absolutely correct, and there may be some of the lowest races which are unacquainted with the methods of cooking. In contrast with this habit of man is the fact that animals eat their food raw. Man began to cook at a very early stage of his history. Long, long before the historic epoch, when man's only implements consisted of broken flints, he cooked his food by roasting, and the charred remains of bones have been found in caves along with fragments of the skeletons of the cave bear, woolly rhinoceros, and other extinct animals. Roasting was no doubt the first method of cooking; boiling was a more complex process. Water was probably first heated by putting red-hot stones into it. When pottery was made, the simpler plan of boiling the water by putting the earthern pot upon the fire would be adopted. Early man must have noted the same differences in the various pots of earthenware as we do now. Wedgwood earthenware is more resistant than almost any stone. Other pots of thin and fragile china must be handled with the greatest care. There is no difference between their wholeness or "wholth," or, as we now write it, health. Yet the wholeness or health of one vessel is strong, and the wholeness or health of the other is weak. The one will stand anything, the other must be treated with great care. Our early forefathers, when framing language, had evidently been struck by an analogy between the condition of implements they used in cookery, hunting, or warfare, those implements by which they maintained the life of their bodies, and these bodies themselves, for they applied the word health to signify soundness in both. By strong health we mean a soundness of body which, like that of Wedgwood mortar, will enable a person possessing it to go through all sorts of work, be subjected to all sorts of usage, and yet remain sound or healthy. By weak health we mean a condition of body wherein all the functions go on perfectly so long as external conditions are favourable. A strong piece of ware may get cracked by rough usage, but even then it may continue to exist, though it becomes weak. Similar conditions may be found in man. An originally strong health in a person may be weakened by various circumstances. Health

in man, as in animals, depends on the proper performance of all the functions. These functions are chiefly three:—(1) Tissue change; (2) removal of waste; (3) supply of new material. The activity of man, like that of the fire, is maintained by combustion; and just as the fire may not burn brightly owing to improper disposition of the fuel or imperfect supply of air, or as it may be extinguished from want of fresh fuel, or choked by its own ashes, so man's activity may be lessened by imperfect tissue change, and may be put to an end by an insufficient supply of new material and imperfect removal of waste products. The old proverb, "There is many a slip 'twixt the cup and the lip," shows how clearly our forefathers recognised that neither food nor drink was available for the wants of the body until they had actually been taken. Our knowledge carries us a step further than theirs; but we are apt to forget that both food and drink are useless for the wants of the organism so long as they are simply in the intestinal canal. The body may be roughly compared to a cylindrical box, through the centre of which runs a tube open at both ends, but not communicating with the cavity of the box. Anything in this tube is outside the box, just as anything in the intestines is outside the organism. The tube representing the intestinal canal may be of a different material from the outer wall of the box—e.g., more pervious. Food may be evacuated almost entirely unchanged. There is one great difference between the skin and the intestines in that the nerves of the intestinal tract are more sensitive, so that a foreign body may have exercised a greater action on the body reflexly through the nerves than it would have done in passing over the skin. The intestinal surface, again, has greater absorbent power. Solids in a fine state of division, and especially when mixed with fat, may be absorbed by the skin, as in mercurial inunctions; the mucous membranes may have the same powers, but food is usually absorbed in a state of solution. Digestion includes solution and absorption. Digestion, like the health, may be strong or weak. Some persons can take anything and at all hours, or go without all day and go through all sorts of anxiety without any disturbance; others suffer on the slightest provocation.

When digestion is imperfectly performed, we say that the patient suffers from indigestion. Indigestion may occur in those who naturally have either a weak or a strong digestion, and treatment may do much for those of weak digestion. Man, unlike a fire, is a complex machine; the different parts of his body require different materials, and the wear and tear of each must be replaced by its appropriate constituents as well as energy supplied to the whole. A mixture of foods is best adapted to supply the energy and repair the waste. Like the steam engine, we require oils and carbohydrates and also proteids, which go to repair the wear and tear of the tissues. According to Ranke about 100 grammes of proteids and a similar quantity of fats are required daily by a man, while about 250 grammes of carbohydrates are necessary. Black bread contains very nearly the proper proportion of nitrogenous and carbonaceous materials, and when taken along with a little oil or a few olives it may maintain a man in health and activity without the addition of almost anything else except that of a little salt, as is seen amongst the hardworking peasantry in the south of France. In this country we have generally a more varied diet, and as a typical meal we may take a beef-steak with a piece of fat attached, a piece of bread, some salt, and water. The solids must be reduced to a fine state of division. Salt is dissolved in a physical manner, but proteids and carbohydrates must be carried through a different process, for a chemical change of hydration must occur so that the large chemical molecules of the proteids and carbohydrates split asunder into smaller and simpler ones. The particles of beef-steak may be subdivided until the highest microscopic powers fail to discover the particles, though we have certain methods of showing the presence of particles, and even of judging of their size. Graham showed that some bodies will diffuse through an animal membrane and that others will not. Those that diffuse are generally crystalline. It is probable that the connexion between crystallisation and diffusion is to be regarded as accidental rather than necessary, and that the real cause why some substances diffuse and others do not is to be found in the varying size of their particles. Moritz Traube found that a membrane of tannate of gelatine would allow nitrate of barium with a molecular weight of 130 to diffuse through it, and would also allow of the passage of all compounds having a smaller molecular weight, but it stopped the passage of ferrocyanide of potassium having a molecular weight of 211·4. Membranes may thus be regarded as atomic sieves. The causation of certain forms of albuminuria may receive an explanation from such considerations as that membranes allow of the passage of molecules according to their size. It is supported not only by the experiments of Traube on artificial membranes, but by the behaviour of hæmoglobin in regard to diffusion (Moritz Traube, *Centralblatt für der Med. Wissensch.*, 1866, p. 114). Crystalline bodies are as a rule diffusible, and of much lower molecular weight than organic uncrystalline bodies. Hæmoglobin, though crystallisable, will not diffuse, but it has a very high molecular weight, and its chemical molecules are probably very large. Between the large molecules of myosin and starch of the beef-steak and bread, and the small ones of peptone and maltose into which they are transformed by digestion, there are a number of intermediate products. In these products the molecules are probably of varying size and diffuse with varying degrees of rapidity. Anti-albumose and hemi-albumose, anti-peptone and hemi-peptone, are some of these intermediate bodies. Fats may be absorbed without decomposition, especially if they be finely subdivided, a process which is aided by the presence of a fatty acid and glycerine, such bodies as are formed in the process of digestion. Mastication is a very important process, and the comminution of the food is supplemented by the action of the saliva which is secreted under the twofold stimulus of the taste of the food and the movements of mastication, and the diastatic ferment begins to convert the starch first into dextrine and then into malt sugar. The actions in the mouth exert an influence upon the stomach and the brain. Richet noticed that the stomach secreted juice, in a case of gastric fistula where the œsophagus was completely occluded, when mastication was practised. The secretion of saliva and gastric juice is dependent on reflex nervous action, and will not take place properly if the nerve centres be depressed. The mere act of mastication excites reflex secretion, and at the same time increases the supply of blood to the nerve centres. Some observations of Marey proved that the current of blood in the carotid artery of a horse became three times as rapid during mastication as it was before. Even if it be denied that any part of the extra current of blood in the carotid goes to the brain, the fact would still remain that the movements of mastication and sucking increased the circulation to the brain, for this has been actually observed by François Franck in the human subject. In the act of swallowing, a mechanism is set in action which is calculated to increase the blood-supply, not only to the nerve centres, but to all the glandular structures concerned in the digestive act. Kronecker has discovered that the act of swallowing seems to remove entirely the inhibitory action of the vagus upon the heart for the time being, so that the pulse becomes exceedingly rapid. Sipping half a wineglassful of water raises the pulse from 76 to considerably over 100; so that, in fact, a glass of cold water slowly sipped will stimulate the heart as much as or more than a glass of brandy. The amount of free acidity in the stomach is very slight, because the hydrochloric acid combines for the time being with pepsin and proteids, forming a compound which does not give an acid reaction. In the stomach, it is uncertain whether starch passes into sugar, but it does pass into dextrine, a fact of importance.

Albuminoids are first changed into syntonin, and then probably into pro-peptone, hemi-albumose, or para-peptone, prior to the final stage of peptones being reached. Peptones may be formed artificially, and are sometimes of great service as nutrients in disease. The cause of the bitterness of the products of artificial digestion is not yet fully known, but many organic alkaloids are very bitter. The organic alkaloids are related to albumen, inasmuch as they belong to the aromatic series of organic compounds; and several alkaloids have been obtained from decomposing albumen, and the name of "ptomaines" has been given to them. Brieger has obtained an alkaloid from peptones formed by gastric digestion. By extracting a quantity of gastric peptones with amylic alcohol, he obtained an alkali free from peptones which had an action like that of curara.

The relaxation of the pylorus at the end of three or four hours has been ascribed to the increasing acidity of the chyme, but cases of abnormal acidity occur in which the food is retained in the stomach for an excessive length of time. A new field of inquiry is opened up by the discovery of the formation of an alkaloid during the process of digestion,

and the behaviour of the pylorus may be in some way related to the action of the alkaloid.

In the duodenum the chyme is made alkaline, and those substances which have only been converted into syntonin are precipitated. The pancreatic secretion is the most energetic and general in its action of all the digestive juices. Proteids do not swell, but crumble away under its action. The peptones of gastric and pancreatic digestion probably differ in some way. Bile favours the passage of fat through animal membranes, and its action in dissolving fats is a popular means of removing oil stains from furniture. A student at South Kensington once answered that "bile is formed in the stomach, and is used for cleaning carpets." Bile tends to prevent putrefaction. The products of pancreatic digestion form a favourable soil for the growth of bacteria. Indol is formed, and causes the stench in an artificial pancreatic digestion of meat; it is due to the presence of putrefactive bacteria. Were it not for the antiseptic action of bile, the occurrence of putrefactive changes in the pancreatic digestion would probably be the rule rather than the exception. The risk of poisoning from the absorption of organic alkaloids is run if putrefactive changes in the intestines are at all extensive. The alkalinity is maintained from the duodenum to the rectum, and is thus favourable to pancreatic digestion. When working with Professor Kühne at Amsterdam Dr. Brunton was informed that coagulated fibrine which had been previously rendered soluble, but not peptonised by pancreatic juice, could be digested by pure intestinal juice, which has no action on simple coagulated albumen. Absorption of the digested food is effected by the lymphatics and veins, and changes appear to occur in the peptones immediately after entering the bloodvessels. They appear to be taken up by the red blood discs and converted by dehydration into a larger and more complicated albuminous molecule—viz., that of globulin. The blood-corpuscles thus form, as it were, a store of albuminous material, which they convey to all parts of the body and give off where it is wanted. Part of the peptones is arrested and forms glycogen in the liver, as it has been found that the quantity of glycogen in this organ is increased by the injection of peptones into the bowels. The sugar also becomes dehydrated, and glycogen is produced from it. The liver therefore acts as a wise steward, laying by provision for the organism in the times of plenty and giving it out again in times of fasting. But this is not all. The venom of vipers is innocuous when swallowed. One reason for this is that it reaches the general circulation very slowly, so that the kidneys have time to excrete it and prevent accumulation in the blood. It is the liver which is the chief agent in retarding the absorption of poisons into the blood. The liver, or, as our forefathers called it, the "porta" or gate, acts the part of a prudent porter. Poisons may be absorbed from the duodenum and discharged into the duodenum again with the bile, again absorbed, and so go round and round in a circle from liver to intestine without getting into the general circulation or affecting the heart, lungs, &c. The liver actually destroys some organic poisons, such as nicotine. Ludwig and Schmidt Mülheim have shown that peptones, when injected into the general circulation, are poisons, producing loss of coagulability in the blood and great depression of the circulation, so that even the products of healthy digestion might prove fatal if they passed rapidly into the general circulation. The function of watching over the safety of the organism is not confined to the liver. The tongue and palate are the porters which prevent obnoxious substances from being taken into the intestinal canal. As a rule, substances pleasing to the palate are useful, and not injurious, to the organism. The nerves of taste are capable of education. Cookery has a perfect right to be ranked with music, painting, sculpture, and architecture, as one of the fine arts. Only rarely does one meet with a dinner which gives one the sense of high artistic perfection.

Dr. Brunton then gave a highly amusing, graphic, and instructive sketch of a dinner partaken by him when enjoying the hospitality of a City company. In the courses of an ordinary dinner an order is adopted which is thoroughly physiological, which shows that whatever men may be in other things they are not "mostly fools" in regard to the plan of their meals. The reason why soup comes first has been admirably shown by Schiff in his experiments on digestion. He showed that the stomach of an animal, which some time before had digested a full meal, had very little power to digest albumen introduced directly into it, and a similar fact was ascertained in regard to an extract made from the stomach itself. The stomach seemed exhausted and incapable of producing pepsine. But if certain substances were introduced first into the stomach, the power to digest albumen was enormously increased. To these substances Schiff gave the name of "peptogens"; dextrine and soup made from meat were the most powerful of them. Assuming that the human resembles the animal stomach, we can understand how hard-boiled eggs or boiled meat can be digested if the meal be begun with a plate of soup and a piece of bread, the bread being partly converted into dextrine in the mouth, the extractive matters of meat contained in the soup on reaching the stomach will be absorbed, and will supply to the gastric follicles the power to secrete an abundance of pepsin. Juicy meat is easy of digestion, but meat from old and tough oxen, which have been employed for years in agricultural service, will not yield peptogenic matters so readily. Fish is very easily broken up, and is thus easy of digestion. Beef is less digestible than mutton, and mutton less than fish. The breast of a chicken is very digestible. The fibres of beef are longer and harder than those of mutton, and those of mutton than those of the breast of a fowl. The muscle fibres of fish are very short and easily separated. The readiness with which the fibres can be broken up mechanically corresponds to their digestibility. The physical conformation of the muscle fibres, and not the peculiarity of the animal from which they are derived, is shown in the fact that the leg of a fowl, with its long and hard muscle fibres, is by no means as digestible as the breast. Vegetables supply inorganic salts, and probably play a part in aiding the recomposition of peptones into albuminous material of the tissues after absorption. Bread supplies additional dextrine, and the cheese albuminoids. So far as the stomach is concerned it is not easy to see why we take bread, cheese, and dessert at the end of dinner. If we remember the effect of mastication and deglutition on the circulation and nervous system, we can at once see a good reason for the common manner of terminating a dinner. If the meal be more than ordinarily heavy, or if the person be exhausted by long fasting or severe exertion, or have a weak digestion, other aid must be invoked. Alcohol is one of the most powerful stimulants, both to secretion and the circulation. Hence the value of the preprandial sherry and bitters, of the sherry with soup, of the champagne with its effervescing carbonic acid, and of the small glass of liqueur or brandy, and the like.

Provided that moderation has been exercised, no harm will result, even from a heavy meal. Moderation is a relative term. The symptoms of gastric indigestion—loaded tongue, loss of appetite, tendency to nausea, and perhaps even vomiting—on the next day result if the food has been excessive in quantity, or injurious in quality, and more especially if alcoholic stimulants have been taken in excess. Dr. Beaumont, in the case of Alexis St. Martin, saw that there were "several red spots and patches abraded of the mucous coat, tender and irritable, when the above symptoms were present." The gastric juice, then, seems to have an alkaline reaction, and very little or no digestive power; hence undigested lumps may pass on and cause diarrhœa, or the inflammation may extend to the intestines, then dulness and languor with irritability supervene, the complexion becomes muddy, and the conjunctiva slightly yellowish, with possibly severe headache; all of these symptoms point to disturbance of the liver.

DEVONSHIRE HOSPITAL AND BUXTON BATH CHARITY. From the report of the Committee of Management of this institution for the year 1884, it appears that the number of in-patients received was 2491, an increase of 261 over the number in the previous year, and of out-patients 271, an increase of 35. The average number of patients daily resident in the hospital was 157·1, and the average number of days of each patient's stay was 23·1. The financial position of the hospital is satisfactory, the income having been fairly proportioned to the large outlay occasioned by the extended usefulness of the institution.

THE Queen has been pleased to give and grant unto James Andrew Sandiland Grant, M.D., her Royal licence and authority that he may accept and wear the insignia of the Third Class of the Order of the Medjidieh, which his Imperial Majesty the Sultan has been pleased to confer upon him as a promotion in that Order.—*London Gazette.*

CHARCOT'S DISEASE.[1]

BY WALTER RIVINGTON, M.S. LOND., F.R.C.S. ENG.,
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IN his speech at the Clinical Society Dr. Moxon said that he "would be very thankful to any member who would explain in what possible way herpes zoster threw any light on this so-called 'Charcot's disease.'" It is not difficult to establish a fair analogy between the two affections. Charcot himself refers to a case at the Hôtel Dieu, related by M. Ball, which was accompanied by pain, febrile reaction, and zona, and observes: "This complication is well calculated to demonstrate at least the neuropathic, if not the spinal, origin of the affection." The neuralgic pains often attending herpes zoster may be compared with the lightning pains which inaugurate tabes dorsalis, and which most commonly constitute the only symptom when the arthropathy is developed. The effusion into vesicles, though more distinctly of an inflammatory character, has its counterpart in the engorgement and œdema of limbs, and the hydrarthroses of joints, which are among the earliest local indications of Charcot's disease. Even the definite course and complete disappearance which are ordinarily exhibited in zona may be imitated in "Charcot's disease." "At the end of some weeks or of some months the swelling disappears, and then all returns to the normal state" in the *benignant form* of the affection. "Sometimes, on the contrary, serious disorders remain in the joints, crackings, dislocations, answering to a wearing down of the osseous surfaces and various luxations (malignant form)." These phenomena, as Dr. Broadbent pointed out, are comparable with the destructive ulcerations of skin which may be caused by herpes zoster, and the disorganisation of an eyeball which may be the result of herpes following the course of the fifth cranial nerve.

The two main factors, both in herpes zoster and Charcot's disease, may be said to be irritation of sensory nerves and trophic lesions. The same factors are present in other affections of bones of which the pathology is obscure, and strongly point to a mediate or immediate influence exercised by the central nervous system. Mollities ossium is preceded and accompanied by general weakness, profuse perspirations, and violent and persistent pains in the bones or all over the body. In all the cases known to Mr. Durham some influence had been at work capable of producing great general depression of the nervous system. Even in rickets a preliminary or attendant disorder of the nervous system is shown by restlessness, perspirations, and great tenderness of surface. Again, in cases related by Mr. Stanley under the title of Fragilitas Ossium, cases which differ from mollities in the presence of simple thinning of the walls of the bones without softening or morbid deposit, fractures arising from very slight causes were preceded by pains in the bones, or by what was termed "rheumatism" of the limbs. Is it possible that any of these cases, although occurring in women between twenty or thirty, may have been instances either of commencing tabes not then recognised or of some kindred lesion of the nervous system not yet elucidated? The fractures related by Mr. Stanley were accompanied by very little pain at the seat of the injury. In one case several fractures occurred in succession, and no union was obtained after treatment for two years.

The likeness existing between these several affections, tabetic arthropathy and tabetic fractures, mollities ossium and fragilitas ossium, and the analogy which can be drawn between Charcot's disease and herpes zoster as regards the primary disturbance of sensibility and the trophic lesions which follow in direct succession, indicate active intervention of nervous agency, and give support to the view that tabetic arthropathy is of neuropathic origin. Opposed to this rational explanation is the rather fanciful supposition that Charcot's disease is merely arthritis deformans accidentally occurring in the course of tabes, and somewhat altered from its pattern by the intervention of the nervous disease. It is urged in support of this hypothesis that whilst in typical specimens of each affection the differences between them are very startling, if a large range of specimens is taken the one affection runs into the other. Moreover, Mr. Hulke pointed out that in one individual, whilst the elbow-joint showed a predominance of tabetic characters, the knee-joint showed a predominance of characters typical of chronic rheumatic arthritis—viz., expansions and stalactitic outgrowths. In reply to this view I would submit:—

1. That puzzling intermediate forms do not prove the identity of the typical forms thus connected, but only a certain relationship, the precise nature of which has yet to be ascertained. Nowhere in nature can either groups of living beings or pathological lesions be found which do not blend with their neighbours. The existence of intermediate forms renders it impossible to frame scientific definitions which shall fulfil logical requirements. There is always an amphioxus. Lupus is an affection which has very distinctive characters, and is usually very little likely to be mistaken for psoriasis, acne, or eczema; yet there are forms of the disease which so trench on the characters of the other affections mentioned that the terms "lupus psoriasis," "lupus acne," and "lupus eczema" have been coined to describe them. Carcinoma and sarcoma, closely as they are allied, have distinctive features, but to confound their definitions there occurs an intermediate form, alveolar sarcoma, for which Mr. Butlin is obliged to assure his readers that he is not responsible.

2. It is not permissible from the occasional resemblance and intermingling of specimens of tabetic arthropathy and arthritis deformans to argue that Charcot's joint disease does not result from some central or local nerve lesion occurring in the course of tabes, until it has been clearly shown that the belief in the neuropathic origin of arthritis deformans entertained by many is unfounded. Until this is done demonstrations of affinity rather tend to support the neuropathic origin of arthritis deformans.

3. In comparing arthritis deformans with Charcot's disease regard must chiefly be paid, as Charcot points out, to the predominant characters of the lesions. Charcot admits that "it is not rare to see nodose rheumatism, common dry arthritis, coincide with ataxia," and no one in the debate described the occasional coincidences between dry arthritis and tabetic arthropathy in terms half so forcible and unreserved as those employed by Charcot himself. "Undoubtedly," he says, in his lectures, "in cases of old standing, when the articular surfaces, worn and deprived of cartilage, have continued to move on each other, the limbs being still made use of more or less imperfectly, the signs observed are those of dry arthritis—viz., eburnation, deformation of the osseous extremities, bony burrs, stalactites, and foreign bodies." Herein, very likely, lies the explanation of Mr. Hulke's observation; the affection of the knee-joint which displayed the arthritic peculiarities being of longer standing than the affection of the elbow-joint in which wearing away of bone was the main feature. On the other hand, Charcot insists that when dry arthritis occurs in the course of tabes it exhibits its accustomed symptoms, that in tabetic arthropathy there is always a predominance of wearing away over the production of bony burrs in recent cases, and that true luxations are frequent in tabes, and exceptional or only apparent and not real in common dry arthritis. The interstitial absorption which occurs in arthritis deformans along the line of pressure is always accompanied by compensatory condensation and marginal hyperplasia, characters entirely absent in the specimens exhibited at the International Medical Congress held in London in 1881. These specimens were so typical that Sir James Paget drew M. Charcot's attention to the fact that tabetic arthropathy was a new disease, and the writer of the Museum Report, following suit, affirmed that it was a "distinct pathological entity." I think it is worth while also to point out that, whilst Dr. Moxon contends that a continuance of friction would convert a specimen of arthritis deformans in an ex-cabman into a tabetic arthropathy, Charcot explains that old specimens of tabetic arthropathy assume from friction the characters of arthritis deformans.

4. If tabes dorsalis is admitted to be capable of so altering a typical example of arthritis deformans, with its attendant eburnation, marginal hyperplasia, additamentary bones, hypertrophied synovial fringes, foreign bodies, increased density of bone, thickened capsules and ligaments, and stiffened, painful joint into a typical example of atrophied worn bones of diminished density, with no inflammatory changes other than rarefaction, with flail-like and

[1] This communication contains the substance of what I had intended to say at the Clinical Society on the last night of the debate on Charcot's disease. Owing to the lateness of the hour at the time when the President's list of speakers became exhausted, I abstained from addressing the Society, for fear of interfering with Mr. Baker's reply.

luxated joints accompanied, it may be, with spontaneous fractures, or to be capable of preventing the exhibition of the typical characters of arthritis deformans, this is tantamount to admitting in a roundabout way a causal relationship between the nervous lesion of tabes and tabetic arthropathy. Such an admission must necessarily end in an unreserved acceptance of the simpler view of the occurrence of Charcot's disease as the direct effect of tabes without the intervention of arthritis deformans.

5. Tabetic arthropathies have special clinical characteristics and accompaniments which mark them off from arthritis deformans. These are the occurrence of the joint lesions at a particular and comparatively early stage of tabes—viz., after the prodromal stage and before the onset of ataxic symptoms,—a special sequence of the joint affections, the lower limbs suffering before the upper, rapid destruction of joints without pain or fever, rapid luxations, and equally sudden and spontaneous fractures. Four examples of fractures from slight causes in association with tabetic symptoms have occurred in my practice at the London Hospital, and these I will take an early opportunity to bring before the Clinical Society. In one a lesion of the knee-joint was associated with a "spontaneous" fracture of the tibia and fibula about three inches below the affected articulation. Fractures of this kind do not occur in connexion with arthritis deformans, and though scarcely referred to in the course of the debate, supply one of the strongest arguments in favour of the tabetic nature of Charcot's disease.

Since the knowledge of tabetic arthropathy became current knowledge, I have not unquestionably, to use Charcot's language, "assisted at the development of an ataxic arthropathy" in addition to the case above referred to; but in the pretabetic times I have met with one or two cases of swollen, crackling, flail-like joints, occurring suddenly in middle-aged individuals, which were diagnosed as chronic rheumatic arthritis, but which in all probability, preceded as they were by so-called "rheumatic" pains in the limbs, were typical examples of Charcot's disease. This unavoidable confusion, occurring doubtless to bygone as well as to existing observers, still casts its shadow across the path that leads to the recognition of Charcot's disease as a genuine tabetic lesion; and it may be necessary to defer a final judgment on the questions raised in the debate until further observations have been made in this country; and until the advance of physiology and pathology has dispersed the mists which still becloud the relations of the nervous system to the bones and joints in health and in disease.

Finsbury-square, E.C.

A CASE OF
MIGRAINE, WITH PARALYSIS OF THE THIRD NERVE.

By R. SAUNDBY, M.D. ED., M.R.C.P. LOND.,
ASSISTANT PHYSICIAN TO THE GENERAL HOSPITAL, BIRMINGHAM.

WILLIAM P——, aged seven, was admitted into the Birmingham General Hospital on August 31st, 1884, complaining of sickness and pain over the right eye and in the right cheek-bone. The right eye was shut. He had been suffering from sickness for three days, accompanied by headache, but without localised pain. A year ago he was in this hospital with a similar illness. On referring to the case-book I find that on November 7th, 1883, he was admitted complaining of pain above the *right* ear; for four days previously he had complained of seeing double. There was some ptosis of the right eyelid. There is no mention of vomiting, and there was a "very slight discharge" from the left ear, which ceased immediately after admission, and there was some "weakness of the action of the left facial nerve, especially in the lower part." Hearing was not affected on either side. He has never had measles or scarlatina; he had whooping-cough slightly. His conduct at school has been good, but he has never been bright; in fact, he frets because they call him a dunce. His mother has never noticed any facial paralysis or any discharge from the ear, except that which occurred on his previous admission, and which she attributes to the use of an instrument to examine the ear (during which he complained of pain), and for the removal of a quantity of wax. She says she has had no miscarriages; she is a stupid woman, and has had constant neuralgia for two or three years past. The father is a sharp man. There is no history of syphilis. One child died of convulsions; three others, excluding the present patient, are alive and healthy.

Present condition (Sept. 2nd, 1884): Patient is a well-nourished, fresh-complexioned, pleasant-looking child. He makes no complaint of pain and has not vomited since admission. There are ptosis of the right eyelid and paresis of the internal rectus. He sees double, and when walking covers his right eye. There is no tenderness of the scalp. There is slight want of symmetry in the naso-oral folds, so that the mouth appears a little drawn to the right side, but the upper part of the face is quite normal. The tongue is protruded straightly. He can walk well; there is no giddiness. The thoracic and abdominal organs appear healthy; his tongue is clean, and his bowels are regular. Hearing on both sides is unaffected. There is no paralysis of the soft palate. Temperature 99°, pulse 96, respiration 26; urine 1018, acid, free from albumen. On Sept. 6th Mr. Eales examined the eyes at my request, and found no evidence of any paralysis of the oculo-motor muscles, nor any changes in the fundus of either eye.

Unfortunately, this case came under my observation quite at the end of the attack, so that my account of it is not very complete, but I think it is sufficient to justify the diagnosis of recurrent migraine with paralysis of the third nerve. Such a diagnosis may appear hazardous, and perhaps would not have been made by me had I not met with a very well-marked case of a similar kind previously. Two years ago I published in THE LANCET[1] a remarkable case of recurrent migraine, in which during the attacks there were all the phenomena of paralysis of the left third nerve: ptosis, complete paralysis of the upper, lower, and internal recti, dilatation of the pupil, and paralysis of accommodation. Owing to the recurrent nature of these attacks I was enabled to study the case fully, having had many opportunities of observing them in all their stages. A very noticeable circumstance with regard to that case was that the recovery after the paralysis was incomplete, the superior rectus remaining permanently paralysed while the other recti were enfeebled. The pupil remained slightly larger than that of the opposite eye, and there was a persistent degree of ptosis of the eyelid. As is well known, a great variety of nervous phenomena have been recorded in connexion with migraine; affections of vision, taste, smell, and hearing, aphasia, partial loss of consciousness, vertigo, cramps, transient hemiplegia, numbness and tingling of the fingers; and Horner has described a form of ptosis which he attributes to paralysis of the unstriped muscular fibres of Müller which are supplied to the orbicularis palpebrarum. Dr. Wilks mentions paralysis of the third nerve among the symptoms of migraine, but cites no case, nor can I find any recorded but my own. The rarity of the condition is shown by the absence of all mention of it in Dr. Liveing's comprehensive monograph on this form of headache, and in Galezowski's more recent paper on the ophthalmic phenomena of migraine.

Birmingham.

[1] Vol. ii., p. 345.

THE SURGERY AND PATHOLOGY OF TENESMUS OF THE RECTUM.

By J. HEADLEY NEALE, M.B., C.M., L.R.C.P. LOND.

A SHORT time ago, attention was called in a contemporary journal to the treatment of spasmodic contraction of the sphincter ani by digital dilatation, a *modus operandi* concerning which most of our standard surgical text-books afford but scanty information. Maisonneuve was probably the first to bring it into notice; and Holmes, in the last edition of his "System of Surgery," speaking of an "operation that has lately been recommended in France," condemns it as "unsurgical," at the same time admitting the evidence of its success. So far back as 1877 we find Erichsen, after recommending the trial of belladonna by

suppository, which at best could only relieve symptoms without removing the cause for this distressing complaint, writing thus: "Should these means fail, the patient must be anæsthetised, and the sphincter forcibly dilated with the surgeon's fingers." As "nothing succeeds like success," the following particulars of a case I was asked to examine with a view to operative interference may be of interest.

Mrs. F——, wife of a well-to-do farmer, aged fifty-nine, nulliparous, stout, florid, and of a sanguine and neurotic temperament; menopause came on in the forty-ninth year. About eighteen years ago a tumour, supposed to be ovarian, appeared in the right iliac region, freely movable, and about the size of a fœtal head. It subsequently disappeared, and no trace of it now remains. The family history is good. Beyond a dyspeptic tendency, the occasional occurrence of piles, and of slight attacks of bronchitis in the winter months, the patient has always enjoyed good health, until about fifteen months before the date on which I saw her; when the bowels began to act irregularly, defecation becoming both difficult and painful. The abdomen was greatly distended with flatus, which, however, was scarcely ever passed per anum. There was a continual desire to go to stool, sometimes recurring a dozen times in a day; the attempt frequently proving abortive. The motions when passed were of a "flattened tape-like character;" small doses of aperient medicine were constantly required, and the pain and difficulty in defecation increased. The patient's distress from distension, and what she termed a "growing up of the bowel," was so great that she consulted her medical adviser, who resorted to daily digital dilatation, and ordered warm water enemata to be frequently administered. This course of treatment in a measure relieved the condition; but, as the patient began to look forward to the daily manipulation with much dread, a more detailed examination under anæsthesia was recommended; and for this purpose I attended in consultation with her regular medical attendant. I first made a digital examination per vaginam, and found the os uteri normal and of the usual nulliparous character. A most unaccountable fold of mucous membrane high up in the vagina apparently divided that cavity into two compartments, and offered distinct resistance to the exploring finger. Passage of the sound showed the uterine cavity to be normal both in size and axis, thus negativing the existence of a uterine origin for the disease. The patient was then anæsthetised, and a most careful examination of the rectum both digitally and by the speculum was made, but not the slightest trace of either ulcer or fissure could be found. Around the anal orifice, however, and for some distance above were visible numerous polypoidal extrusions of old and absorbed piles.

Anæsthesia being complete, two, three, then four fingers, and afterwards the whole hand as far as the knuckles, were introduced into the bowel. There was free, but at no time alarming, hæmorrhage. Soon after returning to consciousness the patient passed a perfectly natural motion, the result of an aperient injudiciously taken the night before. A warm water enema was then administered and a quarter of a grain of morphia suppository passed into the rectum. Twenty-four hours after the operation the temperature rose to 101°, the bowel was then irrigated with a solution of hyposulphite of soda (a drachm to the ounce) and another suppository administered. The temperature speedily fell to, and afterwards remained at, the normal standard, the patient making an uninterrupted recovery.

The points of interest in this particular case were:—(*a*) the presence and subsequent disappearance of an abdominal tumour in a highly neurotic female, suggesting the query, Was it of phantom origin, or was it a myoma undergoing spontaneous involution at the climacteric period? (*b*) the absence of any fissure or ulcer, or (*c*), of any uterine mischief to account for the painful symptoms; and (*d*) the presence of the sites of old and absorbed piles. Among the pleasing results of the treatment may be noted the complete cessation of these symptoms; the patient's intense satisfaction at once more being able to pass natural motions without pain; and, lastly, her uninterrupted recovery from the operation.

As regards the pathology of spasmodic contraction of the rectum and sphincter ani, where an ulcer or fissure exists the cause is not far to seek. The peripheral end-organs of a highly sensitive and complex nervous mechanism are exposed by a raw surface to the stimulus (whether mechanical or chemical) of the intestinal contents passing over them, and an inordinate contraction of both voluntary and involuntary muscular fibres is the result; but where no such evident cause exists, and nothing is to be observed save the "reliquiæ" of old and absorbed piles, we have to resort to a hypothesis for an explanation of the condition. The following appears to me to be a feasible one. On the occurrence of a pile, with its extravasation of blood, there is considerable distension of the submucous tissue; and just as inordinate distension of subcutaneous tissue by deposition of fat is followed on the disappearance of the latter by cicatrisation and the formation of "lineæ albicantes" (a condition I have frequently observed in nulliparæ of an anæmic or chlorotic tendency), in like manner may not the absorption of the clot in a pile be followed by submucous cicatrisation, involving the aforesaid peripheral nerve-endings, and inducing a condition of hyperæsthesia, on the application of a stimulus, such as the presence of fæces in the rectum? We should thus have an explanation of the "flattened tape-like" fæces; for, with the desire to pass a motion, volition is called into play for the inhibition of the sphincter; this is modified by the inordinate reflex contractions, and the balance of power in the combat results in a narrowing of the orifice, and consequent moulding of the fæcal matter. By dilating the parts we resort to a process of nerve-stretching, releasing the peripheral nerve-endings from their constricting environments, thus rendering them less amenable to the action of a stimulus, and leaving the voluntary inhibition of the sphincter to assert its mastery.

Leicester.

OSMIC ACID IN SCIATICA.

BY JAS. MERCES, M.R.C.S., L.R.C.P. LOND.

I HAVE much pleasure in bringing favourably before the profession the fruits of my observations gained in that rich field of untold treasures in the various joint affections, including certain skin diseases and neuralgic affections, which one meets with in the Bath Mineral Water Hospital, the beneficial and curative value of its waters being apparently still unknown to a great number of our profession.

I have given osmic acid a trial in eighteen cases, which have resisted all other known methods of treatment which we occasionally resort to as an adjunct to the unaided efforts of the waters, though it is satisfactory to state that only about 25 per cent. of the cases which are admitted here, having previously tried the faculty of the towns from which they are sent, resist every known curative measure, including our baths. To the latter twenty-five per cent. I have directed the subject of my observations. The patients' ages varied from eighteen to sixty-five. In twelve cases I succeeded in giving them absolute relief for a period of three weeks, when I lost sight of them, the patients having left the hospital. The numbers of injections varied from one to four. In six I gave temporary relief. The injections were as many as twelve in one case. It is perhaps instructive to state that though I did not give them permanent relief, they obtained more comfort by its use than even hypodermic injections of morphia. I used a one per cent. solution, injecting deeply over the sciatic nerve, at a point midway between the tuber ischii and trochanter major, three to five minims of the solution. It produced no constitutional effects, but locally at the seat of the puncture the patient invariably complained of a numb feeling, which, however, was transient. In some cases the effect was marvellous, the patient being able after a short time to stand on the affected side, a feat which he had been unable to do for years.

I am unable to state or propound any theory of the action of osmic acid. Its effects are undoubtedly local, and one can hardly conceive that it could set up any appreciable amount of local inflammation by its undoubted irritant property, inasmuch as its effects are so rapid. That it is, however, a valuable and fairly successful remedy I think the test of experience will soon establish.

Bath.

THE Waterworks Committee of the Manchester Corporation are stated to be about to put the Thirlmere water scheme for the city into immediate operation.

CONCERNING THE ACTION OF CERTAIN REMEDIES IN "FUNCTIONAL" AMENORRHŒA.[1]

BY THOMAS SANCTUARY, M.D.

IT is, perhaps, a fortunate thing for the chemist, and for those medical men who make a large portion of their income by dispensing, that there still exists a widespread popular belief in the virtue of drugs. That this belief is in part a natural consequence of the uncertainty which attaches in any individual case to the cause of recovery cannot be doubted; that it rests on a basis justified by scientific discovery is not so clear, and I cannot but think that a great deal too much physic is prescribed in the present day, and too little attention paid to the general hygienic treatment of the patient. At the same time it is a well-established fact that we possess a few remedies which seem to have a special action and to be of benefit in certain diseases, and I wish in this short paper to allude to two drugs, which in this country at any rate do not seem to have met with the general appreciation they deserve in the treatment of that uncomfortable and mysterious symptom, amenorrhœa.

Putting aside the question of pregnancy, it is often most strange why the average healthy female who has usually menstruated at regular intervals should, for no apparent cause, miss one, two, or more periods, and then resume the even tenour of her way for the rest of her menstrual life. In many cases cold, shock, hæmorrhage, or other valid reason may be assigned, but there still remains a large number in which it is impossible to find a satisfactory cause; and it is in these unexplained cases, which, for want of a better term, I will call "functional," that the value of the two drugs apiol and permanganate of potash is demonstrated. It is with much diffidence that I venture to bring these notes before the profession, because to most of them it is more than probable that the subject may be no novelty; and, secondly, because in the list of appended cases,[2] sixteen in all, there is only one record of failure; and it might seem as if, carried away by the implicit faith in the unfailing action of these drugs, I pinned my faith to them exclusively, and attempted to prove their efficiency in every case of amenorrhœa. I beg to disclaim any such pretension, nor do I believe them to be specifics; I simply wish to place on record a short unselected list of cases which, with one exception, were uniformly successful; and to induce the profession to give these remedies a fair trial in those cases of amenorrhœa for which no obvious cause can be assigned. With apiol the name of Dr. Joret of Paris is inseparably connected, as that of Ringer is with the permanganate.

The former drug was employed in Brittany about the year 1849 as a febrifuge, but as its emmenagogue properties were discovered and more powerful antipyretics came into vogue, it gradually became the fashionable remedy for amenorrhœa. It is said to cause a painless menstrual flow, and to remove the lumbar and abdominal pains which in many women accompany the period, and to have no deleterious effect in case of pregnancy. In my limited experience I have noticed occasionally that a good deal of griping and flatulence appear to follow its administration; and this, as well as the fact that it is rather an expensive drug, will cause it probably to be less used than the potash salt. Either drug may be given just before the period is expected, or at or after the usual time for its appearance. Apiol may be prescribed in capsules or emulsion, the former preferably, I think; and I generally use the imported original capsules of Drs. Joret and Homolle, which contain from three to five minims; one of these should be taken night and morning; the permanganate, in one grain doses, in pill form (made with kaolin to prevent oxidation), three times a day. It is possible that apiol acts in a somewhat similar way to savin oil, and is more trustworthy. The precise action of the permanganate is uncertain, but it does not improve the quality of the blood, nor does it cure chlorosis, if that symptom be present along with the amenorrhœa. It produces a profuse, painless flow after from four to twelve grains have been taken. From what I have seen of the two drugs I prefer the permanganate. (See Table.)

Salisbury.

ABSTRACT OF SIXTEEN CASES OF AMENORRHŒA TREATED BY PERMANGANATE OF POTASH AND APIOL.

No.	Name.	Age.	State.	Periods missed.	Catamenia generally.	Remedy.	Amount given.	Catamenia appeared.	Remarks.
1	C. A.	22	Single	6	Irregular & chlorotic	Perm. of potash	4 grains	On the 2nd day	—
2	A. B.	20	,,	4	Regular	,, ,, ,,	12 grains	,, 4th ,,	—
3	E. H.	24	,,	2	,,	,, ,, ,,	5 grains	,, 3rd ,,	—
4	S. R.	19	,,	3	,,	,, ,, ,,	12 grains	,, 5th ,,	—
5	E. S.	21	,,	5	Said to have been irregular	,, ,, ,,	24 grains	No result	Pregnancy was suspected, but denied. Since these notes were first written, pregnancy has become almost a certainty, though she has passed from my notice, and left the neighbourhood.
6	J. B.	25	Married	3	Regular	Apiol	2 capsules	On the 2nd day	Has had two children. No suspicion of pregnancy.
7	B. D.	28	Single	5	Irregular in England	,,	1 capsule	,, 2nd ,,	—
8	D. A.	21	Married	5	Regular	,,	3 capsules	,, 3rd ,,	One child. No suspicion of pregnancy.
9	L. M.	35	Single	2	,,	,,	1 capsule	,, 2nd ,,	—
10	E. W.	27	,,	1	,,	,,	3 capsules	,, 4th ,,	—
11	E. S.	33	,,	3	Irregular	,,	1 capsule	,, 2nd ,,	—
12	M. D.	23	,,	2	Regular	,,	2 capsules	,, 3rd ,,	—
13	A. J.	19	,,	2	,,	,,	3 capsules	,, 4th ,,	—
14	J. S.	17	,,	3	,,	,,	6 capsules	,, 7th ,,	—
15	E. B.	24	,,	3	,,	,,	8 capsules	,, 5th ,,	—
16	S. R.	28	Married	2	Irregular	,,	5 capsules	,, 6th ,,	Two children and a miscarriage. No suspicion of pregnancy.
17	M. A.	24	Single	2	Regular	Perm. of potash	10 grains	,, 4th ,,	—
18	K. Y.	20	,,	3	,,	,, ,, ,,	4 grains	,, 2nd ,,	—
19	M. C.	19	,,	4	Irregular	,, ,, ,,	24 grains	No result	Nos. 19 and 20 are the same patient. She was not affected by ext. geasypii, which was also tried.
20	M. C.	19	,,	4	,,	Apiol	12 capsules	,,	

[1] Read before the South Wilts District Branch of the British Medical Association, July 23rd, 1884.

[2] I have since added four other cases (making twenty in all, with two unsuccessful ones).

CANTOR LECTURES.—The second course of Cantor Lectures at the Society of Arts will be on "Climate and its Relation to Health," by Dr. G. V. Poore, and the lectures will be delivered on Monday evenings, Jan. 12th, 19th, and 26th. The first lecture of the course will be delivered on the evening of Monday next, and will deal with the chief constituents of climate, latitude, heat, light, and barometric pressure; the second lecture, on January 19th, will treat of the effects of soil, drainage, and vegetation upon climate; and the subjects of the third lecture, on January 26th, will include the chief sources of atmospheric impurities, both inorganic and organic, climatic diseases and climatic health resorts.

DR. J. F. STEVENSON, J.P., Birkenhead, has been appointed a Visiting Justice for the County Asylum, Chester.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas at morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.* lib. iv, Proœmium.

ST. THOMAS'S HOSPITAL.

A CASE OF RESECTION OF THE LARGE INTESTINE FOR SCIRRHOUS GROWTH.

(Under the care of Mr. SYDNEY JONES.)

W. K——, aged fifty-four, married, was admitted under the care of Mr. Sydney Jones on May 15th, 1884, and died on the 26th.

The family history was good, and there was no record of tumour. She married twenty-nine years ago, and had had seven children, the youngest of whom is aged sixteen. Four died from measles or scarlet fever; the others are living and healthy. She had had no miscarriages. She has suffered from hernia since the birth of her first child (right inguinal and femoral); for these she had worn a truss, but only for two months. Six months ago she felt pain in the right side of the abdomen; this pain was worse during and after exercise, and she knew of no cause for it. Four months ago she noticed a swelling in the part of the abdomen where she felt pain; it increased in size, but has not changed in position. The pain has been worse after a hearty meal and during exercise, but she did not think that she had lost flesh, and her appetite continued good. She had always suffered from constipation, but since Christmas the bowels had been more than ever confined, and her motions had been of a dark almost black colour recently, but she did not know that she had ever passed blood. The catamenia ceased about seven years ago; until then she was quite regular.

On admission she was a thin pale woman with an anxious expression, complaining of a swelling in the abdomen. On the right side of the abdomen about the level of the anterior superior spine was a solid tumour, about two inches and a half in diameter, of very irregular outline. It appeared to be attached to the abdominal wall, did not move with respiration, but was not fixed; it could be moved from side to side. It was tender to the touch, firm and hard, and somewhat irregular on the surface. The resonance of the abdomen generally was good, but was modified over the tumour; there was not absolute dulness. The abdominal walls were lax, and there was a hernia in both the inguinal and femoral regions on the right side, the former easily descending when the patient stood, and being easily reduced with gurgling; the latter small, descending less easily. The organs generally were healthy. Urine 1027, no albumen, contained a little mucus. The patient suffered a great deal of pain and was anxious for something to be done to relieve her.

May 23rd.—The patient having been prepared for the operation in the usual manner, and the bowel cleared by an enema, she was put under the influence of ether, and Mr. Sydney Jones performed the following operation. An incision four to five inches in length was made from above downwards over the centre of the tumour, and when the abdominal walls had been divided and bleeding points ligatured, the carbolic spray was turned on, and the remainder of the operation completed under it. The tumour was found flattened and adherent to the peritoneum, and there was slight bleeding when it was separated; it was found to be situated in the upper part of the ascending and part of the transverse colon. A warm sponge was placed over the exposed intestines whilst the diseased portion was examined. It was decided to excise the cæcum and all that part of the intestine which was involved. The mesentery and omentum were ligatured by silk ligatures piece by piece, and then divided. A clamp covered with indiarubber was put on the intestine on each side of the line of proposed separation, and the intestine was then divided by scissors, and any bleeding points twisted with forceps. A small piece of sponge was inserted into the open end of the ileum whilst the tumour was being dissected out. The tumour and involved intestine were removed from the transverse colon in a similar manner. It was decided to bring the two ends together without making an artificial anus. About fourteen fine silk sutures were passed through the whole thickness of the intestine, so that the two cut ends were united around their whole circumference; others were passed through the serous coat alone, and one was passed (near the wound) so as to attach the serous coat to the abdominal wall. After the clamps had been removed there was a little ecchymosis and congestion of the gut near the place where they had been applied. The abdominal cavity was then carefully wiped out with dry warm sponges, and three sutures were passed through the upper part of the edges of the wound and one through the lower; the middle part of the wound was left open, and a light plug of iodoform gauze was inserted into it. The wound was dressed antiseptically, a bag of sublimated wood wool being used to soak up any discharge, and this was bandaged on with carbolic gauze bandages. The pulse was good after the operation. A half-grain suppository of morphia was given before the patient was put back to bed.

24th.—She complained of pain occasionally during the night and did not sleep for more than half an hour at a time, although injections of morphia were administered at seven and eleven last evening. The urine was drawn off every eight hours. Temperature last night 98·4°; this morning 100°. She had another injection of morphia in the early morning and suffered no pain during the early part of the day. Pulse 134, bounding and easily compressible; respiration easy (25); tongue dry; has taken ice only; urine 1030, acid, a deposit of lithates, no albumen, some mucus. 2 P.M.: Temperature 101·2°, patient quiet and without pain. 8 P.M.: Temperature 104·4°; restlessness, no pain. The wound was dressed on account of the rise of temperature; the plug was found covered with quite sweet coagulum; the dressing gave no pain; the spray was used. The wound looked well and there was no abdominal distension. An injection of one-third of a grain of morphia was given, after which she slept for two hours.

25th.—The patient seemed better, no pain; pulse 124 at noon, and occasionally intermittent; temperature, 2 A.M., 103·8°, 8 A.M., 103·6°, 2 P.M., 103°, 8 P.M., 102·6°.

26th.—She slept about two hours during the night after the injection of one-third of a grain of morphia. She became weaker towards the morning, and her temperature rose to 104·4° at 2 A.M. She was worse at 8 A.M., when the temperature was 104°, and a teaspoonful of brandy was ordered to be given every hour. 11 A.M.: She was sinking; the pulse could hardly be felt, temperature 104·4°. An injection of ether and a nutrient enema were given, after which she revived a little but sank, dying quietly at 1.45 P.M.

At the post-mortem examination, made on the following day by Dr. Sharkey, the abdominal cavity contained no fluid, and there was no general peritonitis. The site of the operation was the right iliac and lumbar region, where the small intestine had evidently been united to the large after a portion of the bowel had been removed. The line of junction was very vascular, but there was no inflammation except at the point where the mesentery was attached; here dirty-looking pus had infiltrated the tissues. Water injected through the gut passed freely and easily by the seat of the operation; but on putting a little more pressure a larger, but still moderate, stream of water trickled through the wall of the gut at the junction of the mesentery with it. This slight oozing was probably the cause of the local inflammation. There was a moderate degree of atheroma of the valves on the left side of the heart; the lungs were both greatly congested and œdematous in dependent parts; the kidneys were rather small, and their capsules very slightly adherent; otherwise the organs were healthy.

Remarks.—Having little doubt as to the nature and seat of the growth, and taking into consideration the inevitable ending if no operation were performed, either from local extension and involvement of surrounding parts or possibly obstruction of the bowel from diminished calibre of the gut—the patient suffering much pain from the growth, which was increasing somewhat rapidly in size, and being anxious for relief—Mr. Sydney Jones performed the operation described above; and the general and local condition (there being no enlargement of the neighbouring glands nor visceral disease, as proved post mortem) justified the expectation of a successful result.

BOURNEMOUTH COTTAGE HOSPITAL.

A CASE OF BULLET WOUND OF THE SKULL; RECOVERY.

(Under the care of Dr. DOUGLAS.)

For the following notes we are indebted to Mr. T. Fred. Gardner, L.R.C.P. Lond., M.R.C.S., late resident medical officer.

Charles C——, aged twenty-eight, a labourer, was admitted at 9.30 P.M. on August 13th, 1884, with a bullet wound passing through the left eyebrow. The wound was inflicted by the accidental discharge of a smooth-bored gun within two yards of the patient's head. This accident took place at a shooting gallery on the beach, and a leaden bullet subsequently obtained from the owner of the gallery as one similar to that with which the gun had been loaded weighed three drachms, and was the size of an ordinary playing marble.

The patient, when admitted a quarter of an hour after the accident, was quite conscious, able to speak, and breathing tranquilly. He had a very feeble pulse, cold extremities, and his face was bathed in perspiration. The pupils were normal and equal. There was no paralysis, no loss of sensation, no impairment of vision. The patient complained of pain at the seat of injury, but nowhere else. The wound was situated in the left eyebrow, about half an inch outside the supra-orbital notch. It was quite circular, with clean-cut edges, which were inverted. The diameter of the wound was a little smaller than that of a sixpence, and at its upper margin two small dark lines, about one-eighth of an inch long, ran out at right angles from the border of the wound, as though some slight laceration had taken place at this part. Dark venous blood escaped from the wound, the flow increasing whenever the patient moved, and especially when he coughed. The margin of the wound was slightly blackened. A small fragment of lead corresponding to a projection on the sample bullet from defect in the mould was found lying in the wound. This and a small fragment of bone about the size of a millet seed were extracted from the wound. On passing a probe into the wound a short distance several loose pieces of bone could be felt. The probe being withdrawn, the wound just admitted the entrance of a small finger. With the finger so inserted a perfectly round perforation could be felt in the frontal bone, with sharp bony edges, and the brain was felt pulsating against the tip of the finger. The bullet could not be felt, nor could any trace of it be found between the scalp and skull. There was no other wound in the head. A piece of lint soaked in carbolic oil was applied to the wound, and the patient carefully put to bed, ice being applied in an ice-cap to the head. Milk diet was ordered, and a nurse appointed to watch the patient. During the night he was restless, and slept only at intervals. A quantity of blood oozed from the wound at every movement.

14th (second day).—No change had taken place in the patient's condition. He was still conscious; hæmorrhage still continued, movement or coughing increased the flow considerably. When the patient was quiet, the blood in the wound was seen to pulsate synchronously with the patient's breathing. The patient now complained of pain at the back of the head near the occipital protuberance. He had not passed any urine and had no desire to do so. Pulse 60; temperature 98·2°. Towards evening some effusion appeared under the left upper eyelid. Ice to the head was continued.

15th.—The patient still conscious, the pain at the back of the head not so bad. He was a little restless through the night. Had passed about a pint and a half of clear urine early in the morning. Pulse 60; temperature 98·4°. Except the restlessness there has been no symptoms of cerebral inflammation, irritation, or compression.

16th.—The patient feels no pain, the wound is scabbed over. The effusion and swelling of the upper eyelid have almost subsided. His bowels not having been opened since admission, an enema was administered, and it has acted. Towards evening the patient said he felt quite well. Pulse 60; temperature 98·4°. The ice to the head continued, and beef-tea and some light pudding added to the milk diet.

19th.—No change in the patient's condition during the last three days. Bowels have been unrelieved since the 16th. Temperature being still normal, the ice to the head was discontinued.

20th.—The patient more drowsy. He falls asleep over his food, but can easily be roused; he complains of no pain. The pupils are markedly unequal; this is the first time they have deviated from the normal. Pulse 45; temperature 98·4°. An ounce of compound senna draught ordered and given, but the bowels remain unrelieved.

21st.—The patient is still drowsy. Two enemata failed to open the bowels. He was a little sick. One minim of croton oil in mucilage was given and rejected. Pulse only 45.

22nd.—Bowels still unrelieved. Four grains of calomel were given in the morning and repeated in the evening. He was not quite so drowsy. Pulse 54.

23rd.—Five grains of compound powdered elaterium administered in the morning and repeated at night as the bowels did not act. Pulse 54.

24th.—The bowels acted copiously during the night. The patient is much brighter. Pupils are equal (they have been unequal since the 20th). Pulse 60.

26th.—Bowels acted naturally. The patient is cheerful. Towards evening he complained of pain and throbbing in the wound. Pulse 60.

27th.—The pain in the wound has gone. There is no tenderness, no fluctuation, nor any crepitation about the wound, which remains scabbed over. Patient feels quite well and wants to get up. The tongue is quite clean, but the bowels have not acted since the 26th.

28th.—The patient is not so well. The left upper eyelid is red and swollen, but no fluctuation can be detected. The left pupil is more contracted than the right. Morning temperature 98·4°; pulse 84. The bowels being still confined five grains of compound powdered elaterium were given. The patient had a rigor at 11 A.M. Temperature taken after the rigor, which lasted a quarter of an hour, was 100·8°; pulse 96. The patient is irritable, restless, and refuses all food. He was sick in the middle of the day. Ice was applied to the head. At 6 P.M. the temperature had fallen to 98·6°, and the pulse to 84. Bowels still confined, so the elaterium was repeated at night. The patient was sick during the night. Temperature, 11 P.M., 101·8°.

29th.—Bowels still unopened. The wound opened in the night, and a little pus escaped. The eyelid is still swollen. Morning temperature 98·8°; pulse 96. A director was passed into the wound, and a sinus passing inwards between the bone and skin was opened up with a bistoury. A small quantity of pus escaped, but no bone. A poultice was applied. The patient was very restless during the day. Very offensive-smelling pus escaped from the wound, but only in small quantities.

30th.—The patient slept well during the night, and the bowels were freely opened. Charcoal poultices were applied during the day to the wound. Morning and evening temperature normal; pulse 54.

31st.—The wound still discharging an offensive-smelling pus, but no bone comes away. The patient could raise the still swollen eyelid a little; vision is unimpaired; pupils remain markedly unequal.

Sept. 1st.—The patient is better; swelling of eyelid gone down; pupils nearly but not quite equal; temperature 98·4°; pulse 72.

2nd.—The wound is healing. A little pus, quite healthy but odourless, escapes. Pupils are equal. Temperature and pulse normal.

3rd.—The patient is a little drowsy.

4th.—The drowsiness passed off, and the patient felt quite well.

10th.—The patient was allowed to get up.

12th.—Allowed to walk into another ward.

20th.—Allowed a walk in the garden.

30th.—The wound is still open; it presents a mass of large-sized granulations covering an area the size of a sixpence. They are touched daily with nitrate of silver and dressed with cold water dressing. The patient is very excitable at times, scarcely knowing what he does. He sleeps badly.

Oct. 1st.—The patient was discharged from the hospital after seven weeks' residence.

8th.—The patient reported himself at the hospital. The wound is still open and discharging a small quantity of healthy pus. No bone has come away.

13th.—The patient has had occasional attacks of giddiness, similar to attacks he had after a sunstroke some time ago. The wound is still open.

25th.—The patient was present at a tea given to old in-

patients of the hospital. He was still excitable. The wound was still open, all attempts to heal it having failed. It was still being touched with nitrate of silver by his club doctor.

Dec. 11th.—Patient came into Bournemouth by train. He was feeling well in every respect. The wound was still open.

12th.—The following is a report from his doctor: "C——'s health during the past two months has steadily improved. The excitability and moroseness of temper, then sometimes present, have passed off, and although he suffers occasionally from sleeplessness, still this occurs much less often than before. The wound has contracted much, but as there is some tendency to accumulation of pus between the right (*sic*—? left) upper eyelid and orbit, I have not encouraged the entire closing of the wound made by the bullet. The amount of discharge is only a drop or two each day. The boy's intellect is perfectly clear in every point, and there is not the slightest trace of paralysis anywhere, nor of any symptoms of irritation of the brain."

Remarks.—There seems to be no doubt in this case that recovery has taken place while a leaden bullet, weighing three drachms, remains within the skull. The clean-cut wound, the hole in the frontal bone, and the pulsation of the brain seen in the wound leave but this one conclusion, that the bullet, travelling with considerable force, really entered the skull. The situation of the bullet is not so clear. The absence of all sign of convulsive movement seems to favour the theory that the brain escaped injury. It is probable that the bullet remains between the brain and the dura mater, and either rests on the orbital plate of the frontal bone just below the wound, or has rolled into the base of the skull. Mr. Erichsen, in his work on Surgery, quotes the case in which a bullet entered the right temple, passed across the brain, and splintered from within the bone on the left temple, but causing no external wound there. On cutting down to the splintered bone on the left temple the bullet was not found, but post mortem it was discovered lying loose in the base of the skull, where it had rolled. This may have occurred to the bullet in this case. Points of interest in this case are—1. The absence of all meningeal or cerebral inflammation, although the dura mater was shot through and irritated by numerous particles of bone. The rigor and rise of temperature noted were evidently caused by the accumulation of pus under the scab, as immediately its evacuation was accomplished the temperature fell. 2. The obstinate constipation due to complete loss of nervous power over the intestinal tract, and resisting nearly all purgatives. 3. Compression of the brain, probably by the bullet, the temperature remaining normal, so excluding any compression from inflammatory effusion.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Fracture of the First Rib.—Simple Fracture of Skull in Infants, followed by Pulsating Tumour.

THE annual general meeting of this Society was held on Tuesday last, Mr. J. Whitaker Hulke, F.R.S., President, in the chair.

Mr. CHARTERS SYMONDS read the report of the Morbid Growths Committee on Mr. Barker's case of a tumour of the upper jaw. The report drawn up by Mr. Symonds and Mr. Bowlby was lengthy, and illustrated by three good drawings, showing the variety and arrangement of the histological elements of the tumour. The conclusion was arrived at that the tumour was a specimen of spheroidal-celled carcinoma of the variety called adenoid or glandular.

Mr. ARBUTHNOT LANE described two cases of Fracture of the Right First Rib alone, and one of Fracture of the Right First Costal Cartilage alone. The first occurred in a woman, the fracture being situated one inch and a quarter outside the tubercle. There was but slight displacement; union was complete. The second was found in a man. The rib had given way just outside the scalene tubercle. As the subject was affected by rheumatoid arthritis, the ends of the bones were flattened, eburnated, and rendered very thick by marginal bony growth. They were surrounded by a loose fibrous capsule. This fracture had evidently taken place during vigorous adult life, as no articulation of any sort exists in the now completely ossified right first cartilage, while a complete and loose arthrodial joint exists in the one on the left side. The presence of the ununited fracture in the right rib obviated the necessity of the formation of the joint in the right cartilage. This case had an ununited fracture of the right acromion. Mr. Lane put forward three possible hypotheses as to the mode in which the first rib was broken. The first was force applied directly to the seat of fracture. This could only occur when the fracture was situated near the tubercle, and was a very unlikely means, as the rib was at this point covered by the scapula and much muscle. The second was that it might be broken by force applied directly to the manubrium. This was improbable, owing to the great obliquity of the first arch. The force required to break the rib in this way would be much more likely to cause fracture or dislocation of the sternum. The third, and he considered the most probable means, was force applied to the clavicle, and transmitted to the first rib. He referred to a paper in the last number of the Transactions, "One Mode of Fracture of the Sternum," where he had already shown that it is by transmission of force to the first rib by the clavicle, and by this to the first cartilage and manubrium, that fracture of this cartilage or of the sternum is produced. He now wished to prove that the first rib alone is fractured in a similar way, and that the seat of fracture of the rib depends a good deal on the direction of the force applied to the clavicle. In his first case he thought that force had been applied in a backward direction, and in his second case in a vertical direction. He remarked on the supposed extreme rarity of this fracture, and referred to a case briefly described by Mr. Lyell in "Holmes' System of Surgery." He also showed a specimen in which the right first costal cartilage alone had been fractured one eighth of an inch from its outer extremity. It had not united very firmly, though it was surrounded below and in front by much irregular callus. He considered that it had been broken by force transmitted vertically through the clavicle.—Mr. HULKE said the most important feature was the causation.—Mr. CLEMENT LUCAS said we were indebted to Mr. Lane for the paper on account of the rarity of the accident, the causation was no doubt the most interesting part of the case. It would perhaps have been better if the clavicles had been retained in position in the specimens shown by Mr. Lane. Mr. Lucas had seen but one case in which a cart-wheel had gone over the clavicle and had broken it and the first rib.

Mr. R. J. GODLEE read an account of two cases of Simple Fracture of the Skull in Infants, followed by the Development of a Pulsating Tumour, and showed some drawings and specimens in illustration. The first case was a female infant, eight months old, that was brought to the hospital the day after a fall of fourteen feet on the side of the head. There had been no unconsciousness or external bleeding at the time; she had vomited shortly after. When seen there was a large hæmatoma over the right parietal bone, and there was almost complete paralysis on the left side of the body; the reflexes were absent on the left side. There was at first some difficulty in swallowing. On the fourth day right-sided convulsions occurred. Next day the paralysis began to improve and the swelling also gradually to disappear. At the end of about a week pulsation was first noticed in the swelling. Three weeks after the injury the hæmatoma was increasing in size and was aspirated, 7½ oz. of fluid being removed; the fluid was muddy-looking, alkaline, and contained a few corpuscles. In three days another small aspiration was performed, and two days later the swelling was opened, a large quantity of fluid similar to that already obtained came away, likewise some genuine pus. Death occurred next morning. At the autopsy the hæmatoma was found to extend the whole length of the parietal bone. In the middle of it there was a gap in the parietal bone half an inch wide with irregular edges. Brain matter could be seen through the gap, and it was ultimately discovered that there was a direct communication between the hæmatoma and the descending cornu of the lateral ventricle. On removing the bone the dura mater was found lacerated corresponding to the fracture in the skull, the brain was collapsed on the same side, and there had been a rupture of the temporo-sphenoidal lobe at the upper part that communicated with the interior of the brain as just described. There was extensive meningitis at the base, and arachnitis of the vault on the right side. Mr. Godlee drew attention

to the character of the fluid that had been drawn off; there was evidence that it was partly inflammatory and in part derived from the cerebro-spinal fluid. He also referred to the want of correspondence in gravity between the symptoms and the damage done to the brain. The second case was that of a male infant aged five months that came to the hospital after having fallen on to his head from a height of eight feet. He was cold and collapsed, and had not vomited; there was a hæmatoma extending forwards from the back of the head on the right side. Convulsions appeared a few hours later, being mostly right-sided. The twitchings lasted some days. At the end of a week pulsation was observed in the tumour, and impulse on coughing. The temperature continued at or about normal, but the swelling increased in size, and on the thirteenth and fifteenth days it was aspirated. Very little fluid was, however, drawn of, and the child's general condition remained the same. At the end of two months the child was allowed to be taken home, a shield having been provided to protect the still pulsating swelling. Shortly after this the child was taken to another hospital, where he died in the course of a few days with symptoms of meningitis. On examining the right parietal bone, there was found a large irregular opening, running obliquely downwards and forwards, measuring three inches long by three-quarters of an inch across. At each end of the opening the bone was fissured for nearly an inch. The margins of the opening were very thin, and the absorption of bone seemed to have taken place chiefly at the expense of the outer table. The bone was everywhere very thin, but there were no spots of cranio-tabes. On the other parietal bone there was an indentation corresponding in shape and size with the above opening; the bone was very thin, quite membraniform, in this region. The symmetry of the lesion of the bone suggested that the child's head might have been squeezed in some way, but there was no history of this. Mr. Godlee pointed out that in the infant the bones of the skull were very flexible, and that they were united by sutures which were soft and permitted of a considerable amount of movement, and further that the dura mater in young infants was firmly attached to the bones. He thought that these facts would help to explain the different results of direct violence to the skull in the child and in the adult; in the former the force being almost altogether spent upon the part struck.—Mr. THOMAS SMITH said that he had written a paper for the St. Bartholomew's Hospital Reports dealing with this subject. He had found that the fracture was much more common than we suppose, and he was certain that he had overlooked cases in the past, probably, like others, putting them down as common cephalhæmatoma. Recently a professor of Ohio had published in the *American Journal of Medical Sciences* a paper entitled Cephalhydrocele, which treated of these cases. The tumour generally communicated with the lateral ventricle, and occurred in young children mostly under the age of four years. In addition to the eighteen or nineteen cases quoted by the American journal he had contributed in his paper a few others. The history of all of them was very much the same. A fall seemed to cause a simple fracture of the vault of the skull, and a pulsating tumour developed. This tumour when punctured gave out a serous fluid. In a large number of cases operative interference in the way of setons or punctures or injections with iodine were practised, usually with a fatal result. The employment of a fine trocar seemed to be least dangerous. It was plain that there must have been removal of bone in some sort of way, and Mr. Bowlby suggested that some injury to one of the ossifying centres of the skull would best explain the large size of the hole in the vault. The margin of the hole was worm-eaten in appearance, and this could not be due to pressure from within the skull. In most cases the tumour communicates with the interior of the ventricle, as Mr. Lucas had said. Mr. Lucas had recorded two cases and Mr. W. Haward one, and a fourth was to be found in Erichsen's Surgery. These were the only cases recorded up to the present time in England. The bony margin of cephalhæmatoma was not present in these cases. Again, the pulsation might be feeble, and so the diagnosis was sometimes mistaken for cephalhæmatoma. The presence of sugar in the fluid was probably due to irritation, and not to the presence of mere cerebro-spinal fluid.—Mr. C. LUCAS referred to the cases which he had recorded in the Guy's Hospital Reports. In the first case the fluid in the tumour was examined by Dr. Stevenson, and found to be cerebro-spinal fluid. The child died two years after the tapping, and the signs of acute meningitis existed at the base of the brain. The second case was still living. The third case died of erysipelas. The ventricle was seen running up to the tumour in the scalp. Wherever cerebro-spinal fluid was present the ventricle was always injured.—Mr. VICTOR HORSLEY said that, from an unpublished experiment on a monkey's brain, he concluded that cerebro-spinal fluid may be present in such tumours without injury to the lateral ventricle. He had removed the ascending parietal convolution in a monkey. Later on, in completing a further removal of the cortex, he found it necessary to remove the whole parietal bone. One week after this operation a pulsating tumour developed, which was treated by aspiration; the fluid was found to be cerebro-spinal fluid, and the tumour was aspirated a second time, after which it did not reappear. In this case the fluid was secreted by the arachnoid and accumulated beneath the shrunken dura mater, and was prevented by adhesions of delicate soft connective tissue from passing (on the view of Axel Key and Retzius) away towards the base of the brain. In this way it was possible for a pulsating collection of cerebro-spinal fluid to be formed without the ventricle being injured. Bergmann had collected five cases of this fracture in the child; all occurred in children under three years of age, and there was a decidedly elongated fissure of the skull in each.—Mr. A. A. BOWLBY thought that a possible explanation of the size of the fissure might be found in the fact that the bone itself was growing at the time of the injury, and grew away from the fracture owing to the continuous pressure of fluid.—Mr. WARRINGTON HAWARD referred to the case which he had published. It was one of simple fracture in the frontal region, with the characteristic subsequent changes. But very little blood had been extravasated at the site of fracture.—Mr. W. HULKE referred to a recent case in which the fracture occurred in the parietal region, and was followed by the formation of a pulsating swelling. In his note-books he had two or three other similar cases, and the contents of the tumour were proved by puncture to be cerebro-spinal fluid.—Mr. R. J. GODLEE, in reply, said that on the question as to whether it was necessary to have a wound of the ventricle, Mr. Horsley's explanation was exceedingly interesting. He spoke of the case of a child with fracture in the frontal region, which was compound; the wound behaved healthily, and there was no escape of cerebro-spinal fluid. He did not think that the size of the hole in cases of cephalhydrocele was due to arrested development, for the case only lasted two months, which period was not sufficient for the bones to have grown so much as to favour Mr. Bowlby's explanation.

The following card specimens were shown:—Dr. Norman Moore: Hæmorrhage into the Substance of the Liver with Rupture of the Peritoneal Coat in a case of Anæmia. Mr. Lockwood: Rudimentary Abdominal Ribs. Dr. Silcock; Tubercular Disease of the Epididymis. Dr. Charlewood Turner: Aneurysm of the Aorta opening into the Œsophagus and Aneurysm of Sinus of Valsalva with Abnormal Coronary Arteries. Dr. Herringham: Two specimens of Calcareous Change in the Spinal Membranes. Mr. Poland: Synostosis of Foot. Dr. G. N. Pitt showed a recent specimen of the Kidneys and Liver in an Infant with Syphilitic Lesions.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

AT the meeting on Dec. 5th, Mr. Frederick Lawrance, M.R.C.S., President, in the chair,

Mr. SPENCER WATSON read a paper on a case of Sympathetic Ophthalmia. The patient, a farm labourer, injured the right eye, and went about his work, applying only a wet linen rag to it. Fourteen days later the left eye became sympathetically affected. No active treatment was employed till his admission into the South London Ophthalmic Hospital six weeks after the accident, when local cold applications and mercury internally were employed to reduce the swelling of the eye and orbit. Enucleation was performed two months after the accident. The ciliary processes, iris, and capsule of the lens were found matted together, and the pupillary area occupied by a firm membrane. There were traces of neuro-retinitis. The lens was *in situ* and the vitreous scarcely altered. The sympathising eye had retained the same amount of vision as before the operation, and tension, though at times high, was normal. The patient could read No. 16 Jaeger. The main features of

treatment throughout had been mercury, eserine drops, blisters to the temple, and exclusion of light. The author remarked on the carelessness of the patient in using the eye without a shade. The ultimate result was conjectural, but probably in one or two years an operation for opening the pupil, and perhaps removing the lens, would be required. With the sight in its present state, expectant treatment would be followed.—Mr. J. R. LUNN recommended early enucleation of the injured eye.—Dr. ALDERSON thought the name "sympathetic ophthalmia" confusing, owing to its likeness to the term "sympathetic irritation." Great care should be taken to observe the early symptoms, which were generally in the iris.—Mr. SPENCER WATSON, in reply, said the disease might come on months, or even years, after the injury to the other eye. He agreed with Mr. Alderson as to the value of blisters.

Mr. R. F. BENHAM read a paper on the Uses of Sulphide of Calcium. The author remarked that in his opinion very many of the failures in the use of this drug were due to too sparing administration.—Dr. RINGER drew the attention of the profession to this drug in a paper in THE LANCET, 1874, vol. i., in which he stated that sulphide of calcium possessed the power of arresting and preventing suppuration in such cases as boils, carbuncles, scrofulous and glandular enlargements, and in many skin diseases. After reading many cases treated by various practitioners, the author remarked on the number of unsuccessful cases, and said the quantity given had been too small. A dose of one-sixth of a grain might cure in one case, but not necessarily in another. He regarded the appropriate dose for an adult to be one grain in pill three times a day; but if after, say, a week no improvement occurred, he made an increase of one grain a day or every few days, until eight grains daily were reached. The dose which had hitherto been regarded as poisonous he found did not produce alarming toxic symptoms; secondly, only a small quantity of the drug taken is decomposed in the alimentary canal to form H_2S; and last, but not least, from the ordinary dose he did not find anæmia produced, but, on the contrary, even when six or eight grains daily were given general improvement in health resulted even when the drug failed in curing the symptoms for which it had been administered. The author maintained that the physiological action of the drug is not due to its conversion into H_2S in the organism; it could not be that only a small portion is absorbed and the remainder passed off unchanged, for if so why should a large dose effect a cure when a small one failed? The author preferred giving the drug in pill, as by this means the taste is unobserved. Mr. Benham read notes of a series of a large number of cases treated with success, and also recommended the drug in phthisis, typhoid, and small-pox.—The PRESIDENT had found the drug cause intestinal derangement; he had found it useful in gum-boil.—Dr. JAMES THOMPSON found one-tenth of a grain the safest dose to begin with.—Mr. MAITLAND THOMPSON had not found it useful in strumous glandular affections.—Dr. BENNETT asked if the drug resembled turpentine in causing more irritation in small than in large doses.—Dr. HUGGARD and Mr. EDWARDS referred to non-success with the drug.

Dr. THUDICHUM read a paper on "Inflammation, Abscess, and New Growths of the Ethmoid Cells." Inflammation he described as acute and chronic, as simple or dyscratic. The specific diseases lead to the chronic form with acute outbursts. In the latter the symptoms become very precise, and yield the data by which to diagnose the milder cases. Pain between the eyes, loss of smell, excess of nasal secretion, swelling of the glabella, swelling and discolouration of eyelids can mostly be distinguished on one or both sides. Hypertrophy of the ethmoid cells leads to obstruction of the upper nasal meatus. In such cases the author had removed the hypertrophied parts on both sides successfully with the electro-cautery. In other cases he had removed the middle concha on one side and thereby cured ozæna. The author next described some severe cases of abscess of the ethmoid cavities; these opened either into the nose, or on the upper eyelid or below the inner angle of the eye without involving the lacrymal apparatus. He further described new growths, myxomatous as well as cancerous, proceeding from the ethmoid cells, and the manner in which they had in several cases produced blindness of one or both eyes. He described a new apparatus for flushing the nose in cases where the septum was perforated or destroyed, and in which, therefore, the one-current douche originally described by him was not applicable.—Mr. SPENCER WATSON thought loss of smell a very valuable diagnostic sign. Sulpho-carbolate of soda was a useful drug for lotions and sprays in these cases.—Dr. CAMPBELL POPE and Mr. BENHAM related cases where the disease extended to the lacrymal apparatus.

Mr. KEETLEY showed cases of Hernia Cerebri, Syphilis of Nose, MacEwen's Osteotomy, &c., and Mr. PERCY DUNN showed Morbid specimens of the parts after Gastrostomy, &c.

MEDICAL OFFICERS OF SCHOOLS ASSOCIATION.

A GENERAL meeting of this Association was held on Wednesday last, Surgeon-Major Evatt, M.D., President, in the chair. The number of members of the Association now exceeds sixty-two. The following gentlemen were elected members of the Association:—Dr. Clement Dukes, Mr. E. S. Pattison, Mr. Shirley Murphy, Mr. O. H. Fowler, Mr. H. Lockwood, and Dr. Fergus.

The code of rules for the prevention of infectious and contagious diseases in schools was taken as read. On the motion of Dr. Alder Smith, seconded by Dr. Fuller, it was proposed that the code of rules which had been sent round to all the members of the Association should be put to the meeting and passed *en bloc*. The proposal was unanimously carried. The meeting next proceeded to consider the various sections of the code *seriatim*. It was decided at the close of the meeting, which lasted nearly three hours, that the code of rules should be published by Messrs. Churchill. The full title of the forthcoming book is "A Code of Rules for the Prevention of Infectious and Contagious Diseases in Schools, being a series of resolutions passed by the Medical Officers of Schools Association." The first suggestion for alteration came by letter from Mr. Paget, of Kendal, who proposed that in the title-page of the code of rules the words, "not being public elementary schools" should be added. This addition was not approved by the meeting.

In the section headed General Hygiene, Dr. Fergus of Marlborough proposed that the clause on drainage, relating to the trapping of the main sewer at its junction with the drainage system of the town, would be improved by the addition of the words "and ventilated" after trapped. This addition was agreed to without discussion.

Considerable discussion took place on the seventh clause, in which Mr. Shirley Murphy, Dr. Jones of Epsom, Dr. Alder Smith, the President, and Dr. Briggs took part It was finally agreed that the clause should read thus: "That if a cesspool must exist, it be placed no nearer to a dwelling-house than fifty yards; that its ventilation be effected by pipes of sufficient height, and opening in a safe position, not less than four inches in diameter," &c. The eighth clause was also slightly modified, and read thus: "That all overflow, rain water, and waste-pipes discharge in the open, near properly trapped gratings."

With regard to section 3, relating to the undivided medical responsibility of the medical officer of a school, much time was spent in discussing the relations of partners in a medical firm. Dr. Briggs, Dr. O'Brien Jones, Dr. Fuller, Dr. Bridgewater, Dr. Statham, Mr. Holderness, Dr. Shelly, and others, spoke on the subject. It was finally declared by a show of hands that the original clause should stand. Therefore one medical man, and one only, shall have the entire school under his daily care and medical supervision.

Dr. Armstrong suggested that the medical inspection of the school premises should be made at least every fortnight instead of every month. This proposal was negatived by the meeting.

The fourth clause in section 3 was altered at the instigation of Dr. Armstrong so as to read as follows:—"An annual return of school sicknesses to the governing body of the school from the medical officer is very desirable." Dr. Fuller said that a daily return was made to the head master at St. Nicholas College, Lancing; and Dr. Alder Smith said that he made a weekly report at Christ's Hospital.

Dr. Clarke, seconded by Dr. Armstrong, succeeded in altering clause 2, section 5, so that the medical officer should occasionally visit the dining-halls and kitchen, so as to satisfy himself that the food was properly served and cooked. Dr. Holderness said that such a course would be utterly impracticable at Eton. Dr. Shelly proposed that the original clause should read, "food supplies, cooked and uncooked."

Dr. Alder Smith said that with regard to the infirmary,

Mr. Paget had written that he objected altogether to a general infirmary. Dr. Briggs thought it was unwise to have a general infirmary, for infectious and ordinary cases might get mixed up. After some discussion, it was agreed that the original clause should stand.

Dr. Soper, Dr. Jones, and others made some remarks on the subject of revaccination, but no alterations were made in the section referring to this question.

Different opinions were expressed on the duration of the quarantine after exposure to infection. Dr. Clement Dukes, of Rugby, thought that eight days were sufficient for scarlet fever, and Dr. Fergus suggested seventeen days.

The following "quarantine times" after exposure to infection, provided thorough disinfection be carried out on the pupil's return to school were ultimately decided upon:—

Diphtheria, 12 days; scarlet fever, 14 days; measles, 16 days; German measles, 16 days; chicken-pox, 18 days; small-pox, 18 days; mumps, 24 days; whooping-cough, 20 days.

Clause 3 in section 14, relating to infectious disease in masters' houses, was, after being discussed by Dr. Dukes, Dr. Bridgwater, Dr. Clarke, Dr. Smith, and Dr. Holderness, agreed to be read as follows:—"The master or officer would be advised to undergo thorough personal disinfection before resuming work in the school, and should live away from his house as long as infection continues, especially if the case be one of scarlet fever, diphtheria, or small-pox."

Several gentlemen discussed the question of disinfecting letters and other possible modes of communication between the infectious wards and the outside world. The sixth clause in section 15 was allowed to be read thus:—"All letters, if allowed at all, coming out of the infectious wards, should be disinfected before they are posted."

Section 2, clause 16, was modified to read thus:—"Notice should at once be *privately* given to the matrons (in the event of an outbreak of infectious disease) or others in charge of the pupils, to carefully watch for any symptoms of fever, and to send any child looking ill to the infirmary, and report the same at once to the medical officer."

The clause in section 17 relating to the disinfection of the medical officers' clothing was expunged as an unnecessary instruction. The last sentence in the following clause was cut out for a similar reason. This clause would then stand thus: "It is a good plan to keep a large mackintosh outside the entrance to the infectious ward, near some volatile disinfectant, and for the medical officer to put it on before he enters; he should also take the ordinary precautions against the disinfection of his person."

As regards section 21, dealing with the question, "When may a pupil who has had an infectious disease go home or rejoin the school?" it was resolved that the clause dealing with scarlet fever should be altered to run thus: "Scarlet fever in not less than six weeks from the date of the rash, if desquamation have completely ceased and there be no appearance of sore-throat." The original clause included "and no albuminuria," but it was argued by Dr. Briggs and others that albuminuria might persist for so long a time as to render detention undesirable and even injurious for the patient.

In the clause referring to purulent ophthalmia Dr. Alder Smith proposed, at the suggestion of Mr. Henry Power, that the words "or inner surface of the lids are found to be quite free from granulations:" this addition was concurred in. The appendices were assented to by the meeting almost without exception; the only alteration made was in question 5, which asked, "Is the child subject to any special form of illness?" It was agreed that the words "including incontinence of urine" should be appended.

The President referred to the great labour and time which Dr. Alder Smith had expended in drawing up this code of rules, and felt sure that the Association would accord a special vote of thanks for these services. After some discussion on the method of publication of the code the meeting broke up.

ACADEMY OF MEDICINE IN IRELAND.

THE opening meeting of the Surgical Section was held on Friday evening, November 14th, at the College of Surgeons, Dr. Bennett, President, in the chair.

The PRESIDENT delivered an inaugural address, in which, having referred to the death of Prof. Stannus Hughes and Dr. B. Wills Richardson, he dealt with the Cause and Treatment of Congenital Dislocation of the Hip.

Dr. BALL read a paper on a case of Melanotic Sarcoma of the Rectum removed by operation. The patient, a fairly healthy-looking woman, aged sixty years, stated that eleven months before coming under observation she had noticed a pile which had been removed by operation, after which she remained free from rectal symptoms for four months. She then suffered from increased difficulty in evacuating the bowels. A slight discharge of bloody mucus appeared, and she became conscious of a hard tumour in the rectum, which partly protruded on stool. These symptoms continued to increase, and on admission defecation was difficult and painful, the pain being referred to a point immediately above the symphysis pubes. Upon examination the anus appeared normal, and the sphincter was not unduly relaxed. About an inch from the anal verge, on the anterior aspect of the rectum, two distinct and tolerably hard tumours could be felt, evidently implicating the mucous membrane; and by pressing the finger well up the superior limits of both could be readily made out, and below them a smaller mass was to be felt. The rest of the rectum appeared healthy, and no abnormal adhesion of the bowel to the other pelvic vessel was indicated. The mass was extirpated by the usual method on November 1st, a free posterior incision being made to give room. Corrosive sublimate solution, 1 to 2000, was the antiseptic used, and the wound was left open. The after-progress of the case was afebrile and satisfactory. The bowels moved for the first time on the fourth day, and the patient had complete control over the evacuations. The piece removed measured about three inches in breadth and two and a half inches in length, and consisted of the anterior two-thirds of the circumference of the bowel. There were two principal growths, separated by about half an inch of mucous membrane and equidistant from the anus. The larger had a depression in the centre, and was of a whitish colour; the other was black on the surface and spherical in shape. Below the two principal tumours a smaller nodule, also black in colour, was to be seen. A section carried through the two larger growths showed that the lighter coloured one was of the same hue throughout, except where a small blood-clot existed in the interior; but the second was of a sooty black colour, as seen on section. The shape and arrangement of cells were similar in both tumours, being those of a typical sarcoma. The cells were round, ovoid, or even spindle-shaped, with large nuclei, and in some portions resembled a form of alveolar sarcoma. In the larger one there was a very slight amount of pigment, but in the smaller pigmentation was extreme, some of the cells appearing as large masses of blackish material, while others had dark granular material, more sparsely scattered in their substance. In the portion of mucous membrane between the two growths the glands were much atrophied and surrounded with symphoid tissue.—Mr. CROLY mentioned that he had had under his care a considerable number of cases of cancer of the rectum. In the majority of these cases pain had not been absent. The situation of the disease accounted for the presence or absence of pain; for instance, when the diseased mass went towards the bladder it gave rise to greater disturbance than if it went backwards towards the hollow of the sacrum. With regard to operative treatment, cases for colotomy were one set and those for excision of the rectum another. Where the finger could not be got above the diseased mass excision was hazardous, and the fact ought to be put before the patient that if the disease extended high up excision was attended to with considerable risk, while colotomy was merely a palliative operation.—Dr. PUREFOY, having had under observation during the past three or four years two or three cases of malignant disease, referred to one of them as being interesting in respect to the locality of the pain. About eighteen months ago an unmarried middle-aged lady consulted him for a very distressing pain in the left hip, and said she felt a hard lump close to the anus. After careful examination, and as he was about to give up in despair, on making deep firm pressure close to the anus in the left ischial fossa his finger impinged on a hard nodule. He found the whole tube of the gut occluded by large hard nodules situated in the ball of the gut and projecting considerably into the vagina. She made no complaint of pain in defecation. Her sister had died of malignant disease in the same part of the body. There being no difficulty in the passing of the fæces, he did not suggest colotomy. About a month or six weeks afterwards the recto-vaginal septum became perforated, the fæces escaped, and the patient died in three months. The interesting point was her complaint of pain in the left hip extending down the leg.—Mr. HAMILTON said the insidious nature of cancer of the rectum was such that it might go on for a considerable time

without developing symptoms or attracting attention to the real nature of the disease, and hence so many cases were treated for obstinate constipation of the bowels, &c., even for urinary trouble, because of the close sympathy of the bladder in the early stages of the disease. The cases justifying excision of the rectum were few in number, taking into account the health and age of the patient and the extent of the disease. Linear rectotomy was probably more desirable than colotomy.—Dr. HENRY KENNEDY pointed out that extensive disease might go on in the uterus without any suffering, while slight disease would be attended with great pain.—Mr. THOMSON held that if they could perform an operation which would remove, at least for some years, a disease like cancer, it would be not only of the greatest possible advantage, but an advance in surgery to boast of. There were, however, at least two dangers—one, a very severe stricture occurring at the orifice in the anus, and the other incontinence of fæces, either of which left the patient almost as bad as before. He preferred colotomy to linear incision, or to the method of scooping, neither of which he considered to be of a surgical character. In return for enlarging the opening of the rectum and removing the obstruction to the passing of the fæces, what was given was a wounded surface, the base of a mass of malignant disease. In scooping out, the whole of the disease was not removed either, and a wounded or bruised surface, sarcomatous or whatever it might be, remained for the fæces to pass over it. No doubt colotomy had the disadvantage of being merely palliative. The true lines were laid down by the surgeon who advocated the complete division of the colon, suturing the lower end of the upper part of it to the wound in the abdomen, inserting the upper end of the rectum into this, stitching the walls together, and finally removing the part altogether.—Mr. WHEELER believed he was correct in saying the author of the paper had stated the case which he had operated on was not yet healed; but he did not gather that it was advocated to scoop or break down the cancerous masses in the rectum. —Mr. W. THORNLEY STOKER observed that there were two kinds of pain in connexion with cancer of the rectum—a pain inherent in and peculiar to cancer, and a pain attended with the development of cancer to such an extent as to cause obstruction of the bowel. There was but little, if any, pain until the disease caused obstruction.—Dr. BALL replied, and the Section adjourned.

Reviews and Notices of Books.

Insanity and Allied Neuroses: Practical and Clinical. By G. H. SAVAGE, M.D. London: Cassell and Co. 1884.
Lectures on Mental Diseases. By W. H. O. SANKEY, M.D. Second Edition. London: H. K. Lewis. 1884.

DR. SAVAGE'S book is a compact volume of 340 pages, forming one of Messrs. Cassell and Co.'s series of special monographs. It is written in a somewhat popular style, and the subject is treated in an interesting manner. Dr. Savage has avoided the besetting sin of writers on this subject, and has not invented a new classification. His grouping of insanity is practical and convenient, and the observations on each group are acute, extensive, and well arranged. In writing of the influence of heredity, the author states that cases are frequent in which sane children are begotten in the intervals between attacks of insanity. It is doubtful whether the author intends by this to imply that such children have an immunity from hereditary predisposition, or are simply born without mental defect. Dr. Savage would not appear to dwell with sufficient emphasis on the danger of religious excitement in the development of insanity, and appears to miss the opportunity of impressing his readers with the risk which neurotic persons run in giving way to such excess. The chapter on Hypochondriasis and Melancholia is amongst the most interesting in the book, cases being given illustrative of the relations of this form of disorder to the various organs. Melancholia in its various forms is also treated in a singularly graphic manner, and the same may be said of the division devoted to General Paralysis. It is to be regretted that Dr. Savage, with his extensive experience of the pathology of this disease, has not treated this branch of the subject more fully. In conclusion, the opinion may be expressed that this work will be found to be practically useful to the general practitioner, and that its suggestiveness will make it worthy of a careful perusal by all who are specially interested in the treatment of the insane.

In the second edition of Dr. Sankey's book there is so much that is original as practically to constitute it a new work. The first part of the volume is devoted to the consideration of the physiology of the mental functions, and is a very able *résumé* of the views of the best writers and observers. Mental diseases are ranged by the author in two divisions: (*a*) in which the mental symptoms are primary or idiopathic; (*b*) in which they are secondary or symptomatic. The first division is subdivided into *pathological*, which includes ordinary insanity and general paresis, and *developmental*, embracing idiocy and senile decay. The second, or symptomatic division, includes epileptic insanity, alcoholism, spinal diseases, and organic cases. This classification is eminently simple and practical. Dr. Sankey still strongly insists on the necessity of regarding melancholia as a first stage of ordinary insanity, and mania as the second. A chapter is usefully devoted to deprecating the continued use of a large number of terms, applied to so-called varieties of insanity, which are derived from some prominent symptom, presumed cause, or modification of the course of the disorder. The chapter on the Pathology of General Paresis is especially interesting, particularly in the table which contrasts the pathological alterations found in general paresis with those found in ordinary insanity. From this comparison the conclusion is drawn that the vascular system is much more affected in the former than in the latter. The book bears evidence of great independence and originality of thought, and the author's views are stated concisely and forcibly. It constitutes an important addition to medico-psychological literature, and will be found of especial value as a class-book.

A Treatise on the Theory and Practice of Medicine. By JOHN SYER BRISTOWE, M.D. Lond., LL.D. Edin., F.R.S. Fifth Edition. London: Smith, Elder, and Co. 1884.

OF all the numerous text-books of medicine now at the disposal of English reading students there is hardly one which deals with the whole range of subjects so scientifically and at the same time concisely as this work of Dr. Bristowe, which has now reached the fifth edition. It is clearly the outcome of the author's personal experience and extensive study, and such pains have been bestowed by him to keep his subject abreast of the advancing knowledge of the day that if a student were to confine his systematic reading to one book alone, we might safely refer him to this. So far as we are enabled to judge, there is maintained through all its chapters the desire to present a clear and comprehensive account of disease, so that it is not possible to point to one section as outweighing any other in the style or completeness with which the subject is treated. At the same time the work is far removed from the *vade mecum* style of literature, which exerts so cramping an influence upon the student's mind. For these and other reasons the treatise is one which will have a more permanent value than a text-book usually has; for the practitioner will find it as useful as does the candidate for a medical degree. We have heard it said that, excellent and truthful as Dr. Bristowe's work is in pathology and diagnosis, it is lacking in the very essential subject of therapeutics; but we confess to be unable to concur in this opinion. The author has had a long career as physician to a large London hospital, he has studied all forms of disease, and is most fully acquainted with their natural progress and results. If anyone is entitled to speak with authority upon the effects of

remedial agents in arresting the course of a malady, or in alleviating its risks, surely Dr. Bristowe is, and it is just because he wisely restrains himself from the temptation to parade prescriptions and formulate particular lines of treatment where general principles alone can be submitted that the notion of a deficiency in practical measures has arisen with respect to this work. We all know that the science of therapeutics is very far from being exact, and he is the wisest physician who, recognising this and knowing the course of disease, refrains from suggesting or directing particular measures which can only have a partial and incomplete application. The rapidity with which new editions of this work succeed one another leaves the author but little time for revision, but he has done much to the present edition in this respect and in the addition of new chapters, including one on Acute Rickets, showing how fully alive he is to the progress of medical research.

La Hijiene de la Escuela. Por RICARDO DAVILA BOZA. Pp. 143. Santiago: Cervantes. 1884.

IT is satisfactory to those who take an interest in the welfare of the rising generation to find the study of the sanitary condition of schools extending into foreign lands. The work now before us is a contribution to that subject from the Republic of Chili. It does not profess to bring forward any new views, but is apparently a careful digest of the best received opinions brought together for the instruction of those on whom the construction, arrangement, and management of schools devolve. It treats of the construction and general arrangement of the schools, the fittings and school furniture, the system of teaching, the internal management, and the personal hygiene. In the construction of the schools there is one provision to which we take very strong exception—that of a dungeon or solitary cells, in which refractory pupils may be locked up for several hours. Our author says: "It is a very general custom to impose upon the pupils of the schools, besides other punishments, that of the dungeon or confinement in a solitary cell for several continuous hours. As there is no objection to offer to this species of punishment, always provided it is restricted within certain limits, it is necessary to provide in the school building an appropriate place in order that its application may not degenerate into a cause, however slight, of loss of health." In the requirements of these cells there is no mention of windows, though provision is made for ventilation, so that we infer they are intended to be "black holes." The system of locking up children by themselves for some hours as a punishment is much to be deprecated, but with the additional terror of darkness it is simply disgraceful cruelty, and might be followed by most serious consequences. We would call the attention of Señor Boza to the subject in the hope that he may take it up with a view to the abolition of so objectionable a punishment. The book is one deserving of commendation, and appears well adapted to spread sound views of school hygiene among the Spanish-speaking populations; it is therefore with regret that we feel bound to protest against the author's views on the important subject of school punishments.

ASSOCIATION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

ON Jan. 2nd, at 4 P.M., a deputation from the Association of Members of the Royal College of Surgeons was received by the President and Vice-Presidents of the College in the council room of the College.

Dr. COLLUM, Chairman of the Association, opened the proceedings with a few remarks on the object of the deputation and on the nature of the Association. One of the grievances of which the Members of the Association complained was the circumstance that the executive of the College entirely ignored the existence of the Members of the Royal College. Considering what a large proportion of the funds of the College was derived from its Members it seemed unjust that a body, about 15,000 strong, should be overshadowed by the body of the Fellows, numbering only 1200. The action of the London College was such as to drive the children of medical men in its vicinity, as well as colonial students, to Scotland and elsewhere, where degrees could be obtained at much less cost than a diploma which gave the owner no better title than that of "Mr." It should be borne in mind that the Members of the College existed long before the Fellows, and he contended that the former had a right to be directly represented on the Council of the College.

Mr. JOSEPH SMITH, M.R.C.S., Vice-Chairman of the Association, said that the Committee of the Association of Members of the Royal College of Surgeons had deputed him to lay the following resolutions before the President and Vice-Presidents of the Royal College of Surgeons. First: "That the Council shall consist of twenty-four members and the president. That the election of members of Council shall take place every three years; and that the duration of office shall be three years. Each member of Council may be eligible for further re-election for a term of three years; but no member who has served the full term of six years shall be again eligible until after the lapse of three years from the time of his last holding office." Secondly: "That the members of Council be elected by the Fellows and Members of the College equally—that is, half by the Fellows and half by the Members of the College." Thirdly: "That voting take place personally at the College, and also by voting papers, to be sent to each Fellow and Member of the College in the United Kingdom whose names are on the Register." Mr. Smith then remarked that these were the main and important points which the Committee desired to place before the Council of the College with a view to inserting them in the new Charter. The Association felt that their demands were not only equitable but just. It was a marvel that the great body of the Members of the College had remained quiet so long. The Association already numbered 1000 adherents, and would no doubt before long be largely increased. Representation was the principle at which the Association aimed. An important provincial Medical Association had recently passed the following resolution:—"That no alteration in the Charter of the Royal College of Surgeons would be deemed satisfactory unless it made provision for the election of the Council by the Members and Fellows unitedly, and for the election of the President by the Council." Mr. Smith referred to the income of £20,000 enjoyed by the College, and said that nearly £15,000 was contributed by the Members. A diploma was all the return the Members got. The President was but the President of the Council of the Royal College, and not the President of the Royal College of Surgeons. The Association had approached the Council in no spirit of revolution, but it felt that if its demand were refused the Secretary of State for the Home Department would be approached and the case laid before him as a last resource.

Mr. J. BRINDLEY JAMES said that he had received no notice whatever of the general meeting of the Fellows and Members held in March last. He complained that the Members of the College were completely overlooked, and that they were never invited to the soirées given by the College. If the Council refused to listen to their just demands, extreme measures would have to be resorted to.

Mr. OUTHWAITE maintained that proportional representation of the Members of the College on the Council was but just and fair. Many men of ability were prevented from taking the Fellowship solely on the ground of want of time or money.

Mr. COOPER FORSTER, the President, said that the Vice-Presidents and himself simply represented the Council, and so anything he might say must be regarded merely as an individual opinion. If the resolutions were drawn up and sent as soon as possible, no doubt they would receive consideration at the hands of the Council. It should be said that the conversaziones were given by the President or Conservator, and solely at his expense; invitations were given, as a rule, only to their immediate friends, whether Fellows or Members, or laymen.

It was agreed that the Association of Members should be informed as soon as possible of the date fixed by the Council for the application to the Home Secretary for the new Charter.

Mr. JOSEPH SMITH then thanked the President and Vice-Presidents for the kind manner in which they had received the deputation, and the proceedings terminated.

THE LANCET.

LONDON: SATURDAY, JANUARY 10, 1885.

AT the meeting of Convocation of the University of London on the 6th inst., a resolution in reference to the new Teaching University scheme was moved by Mr. ANSTIE, Q.C., seconded by Dr. PYE SMITH (in the absence of Dr. WILKS), and carried unanimously. The terms of the resolution were, "That a special committee of forty members be appointed to consider the proposals lately published by the Association for Promoting the Establishment of a Teaching University in London, and to report thereon to Convocation; and that it be an instruction to the committee to take the necessary steps for summoning a meeting of Convocation at the earliest convenient opportunity." The committee which was elected was a most representative one, including graduates from every faculty—arts, science, law, and medicine—and safeguarding the teaching interests as well as what we may call the more traditional element of the University. As the meeting was subsequently adjourned to February 3rd, we may conclude that the report will be brought up and considered on that date. A considerable discrepancy of opinion existed amongst those who spoke to the resolution as to whether a Teaching University would strengthen or injure the existing institution, but it was evidently felt that the question could no longer be ignored, and that some steps would have to be taken either to embrace and, if possible, incorporate the rival body as soon as its scheme was fully launched, or to obstruct its progress at every turn. The names of the committee form a sufficient guarantee that the new scheme will have due consideration, and that no measure will be taken to hinder its normal development. The real question at issue is, whether the University of London can in any way accede to the views of the promoters of the new University, or must the two bodies necessarily remain apart and each go on with its own work in entire disregard of the existence of the other? The answer to this question depends on that which must be given to another question—namely, what are the founders of the new Association really striving to obtain? Their report is so vague and chaotic that we cannot be sure that they are unanimous in their main ideas and all anxious for the same object. Will the University of London be asked to refuse its degrees to students who have had no collegiate training? and, if it declines to do so, will the promoters of the new University apply to Parliament for a Charter to enable them to examine and confer degrees upon those students only who have been taught in their colleges and affiliated schools on a system of education laid down by themselves, and over which they are to have absolute control? We cannot imagine, much less comprehend, a Teaching and Examining University as proposed, and a mere examining board for the British Empire like the present University, existing under the same roof, or even side by side, each following its own line. If our question be answered in the affirmative, it is evident that King's and University Colleges and the hospital medical schools are the only bodies in the metropolis in which such a course of general and technical education is given as will justify an application to Parliament, and these must become the basis of the new University, and the nucleus around which any other institutions are afterwards arranged. If, on the other hand, the new Association merely seeks to modify the composition of the Senate of the existing University by adding professors and teachers, and representatives of learned bodies, such as the Inns of Court, the Royal Academy, and the authorities of the British Museum, the new scheme is hardly worth the time and trouble which have been devoted to drawing it up. We speak thus plainly, because the recent letters of Professor LANKESTER and Sir GEORGE YOUNG in *The Times* disclose a great divergence of opinion in the committee on this point. Professor LANKESTER, in demanding a University on the lines of the Victoria University, has a very clear conception of what is wanted, whilst Sir GEORGE YOUNG is only following an *ignis fatuus* in endeavouring to bring together, for any useful purpose, bodies with such different objects as the University of London, King's and University Colleges, the Inns of Court, the Law Institution, the hospital schools, the Royal Academy, the British Museum, and the Institute of the City Guilds at South Kensington, and then calling the combination a University.

The position of the London medical schools must be clearly understood. The University of London, by its ill-advised regulations and its infrequent examinations, as well as by the undue severity of its tests, has rendered it practically impossible for more than a small percentage of industrious medical students to obtain a degree whilst staying and studying in the metropolis. This places the London teacher at a disadvantage with his competitors in Scotland, Cambridge, Durham, and Manchester; for a degree is now a commercial article, worth so much money in the country, and the practitioner of the future is aware of its value, and is no longer content with the M.R.C.S. and L.S.A., or even L.R.C.P., of his predecessors. The University of London cannot meet this demand, and students flock to the other degree-conferring universities; it should, therefore, continue as a sort of superior examining board, and should give up all its restrictions on medical candidates and subject them to an examination test only, as is the case in the other faculties. A new body is required to grant degrees to average candidates on the same lines, and at the same standard as those adopted at other universities. If the Teaching University can, by a combination with the Colleges of Physicians and Surgeons, perform this office, the difficulties in metropolitan medical education will be speedily removed; but if, by becoming incorporated with the existing university it is prevented from undertaking this duty, the support of the hospital teachers will be at once withdrawn from it, and other means must be found to enforce their just claims. We feel that considerations such as these, as set forth in the speech of Dr. BARNES in Convocation, must come home to the medical members of the Committee, for, as will be seen by the following list, they are drawn from nearly every school in the metropolis, and are all active teachers. They are: Professor MICHAEL FOSTER (Cambridge); Drs. WILKS and PYE-SMITH, and Mr. HOWSE (Guy's); Sir J. LISTER, Bart., and

Dr. CURNOW (King's College); Messrs. SAVORY and POWER (St. Bartholomew's); Drs. BRISTOWE and ORD (St. Thomas's); Dr. BARNES (St. George's); Dr. RINGER (University College); and Mr. MORRIS (Middlesex).

No one will be surprised that the answer of the Council of the Royal College of Surgeons of England to the recommendations of the Association of Fellows has caused intense dissatisfaction. At a meeting of the Committee of the Association held on Tuesday last two resolutions were unanimously adopted: one expressing extreme disappointment and regret that the Council should have rejected some of the recommendations to which the Association attaches the highest value, or only accepted them with such qualifications as to render them practically "inoperative"; the other requesting that no steps should be taken by the Council towards obtaining a new Charter until the various alterations proposed or accepted by the Council itself, together with the recommendations of the Association of Fellows, shall have been submitted to a general meeting of Fellows and Members. Considering all that has happened, and the opportunities that the Council has had of gauging public opinion, the Committee of the Association would perhaps have been justified in adopting a more combative and offensive policy; but in giving the Council one more chance of abandoning an absurd and untenable position, the managers of the Association have furnished additional proof of their moderation. That the Council will ultimately be defeated is certain. Important and fundamental changes in the constitution of the Council cannot be much longer postponed. In no other institution of national importance would the members of the governing body be permitted to appropriate as fees a large portion of the income. But it would almost seem that at the College of Surgeons some of the members of the governing body only seek office in order to secure an examinership worth nearly £500 a year. To such an extent has this evil grown, that until a month ago eleven members of the Council were, as examiners, receiving about £5000 every year from the coffers of the College. With such temptations towards selfish considerations, no governing body so constituted can be impartial. With these attractions and inducements to preserve the *status quo*, it is perfectly intelligible that these gentlemen should be of opinion "that the government of the College should still be vested in the Council." It is possible that, if time and circumstance were propitious, they would, in accordance with this opinion, be also ready and willing to follow the example of the worthy lawyers of Serjeant's-inn and Staple's-inn, and sell the College to the highest bidder, and then divide the proceeds among themselves. Indeed, many of the members of the Council do solemnly believe they are the *owners* of the College, and are therefore at liberty to do what they please with their own. The time is come when this delusion should be dispelled, and the truth effectually forced upon the consciences of the members of the Council that they are at most only *trustees*, and accountable to those from whom their trust is derived.

THE return to England of one of the Special Commissioners sent out by the Home Government to undertake a scientific inquiry into cholera in India, and the publication of the Preliminary Report of the Commission, which we reproduced last week, may be taken as indications that the inquiry is closed, and that the full text of the conclusions arrived at will soon be submitted to the public. Awaiting that event any detailed criticism of the results obtained would obviously be unwarranted, but we may take it as sufficiently clear that our Commissioners have confined their researches almost exclusively to the doctrine promulgated by Dr. KOCH, that a particular form of micro-organism is specific to the disease; and that in submitting this doctrine to the test of research and experiment they are satisfied that it is unsubstantial. In the succinct paragraphs of the Preliminary Report it is explicitly set forth that the comma-shaped bacillus of KOCH is neither universally present in choleraic excreta, nor to be found in any quantity in the intestinal wall; that it occurs in other intestinal affections; and that in its mode of development in artificial cultures it does not behave differently from the ordinary mode of growth of putrefactive bacteria. It is clear then, that they deny to this special form of bacillus any distinctive or pathogenic property, and that in almost every point their observations stand in direct contradiction to the very positive affirmations of the eminent Berlin authority.

In a matter of this kind, where there is such a conflict of testimony between experts, there is no means of arriving at a judicial decision, and we must be content to stand by whilst these scientists advance their arguments on the one side or the other. It is easy, of course, to assume that Dr. KOCH went out to Egypt and India with a preconceived idea of discovering a germ, and that he has allowed his usual scientific caution to be overridden by other considerations. It is just as easy to affirm that our Commissioners were equally bent upon disproving KOCH's assertions, and suffered themselves to be blinded by this desire. But we may set aside such conceptions as unworthy to be held by scientific men, who are intent only upon the discovery of truth. Nor can we think that the instructions given to our Commissioners were limited by any such narrow notions, although we observe in the copy of correspondence between the Secretary to the Government of India, Home Department, and the Chief Secretary of the Government of Madras, issued to the House of Commons last July, that Dr. FURNELL, the Sanitary Commissioner of Madras, was taken to task for venturing to advance facts pointing to the apparent spread of an epidemic by contagion. The papers contain Dr. FURNELL's reply to these strictures; but the fact that they were made seems to afford some clue to the reason why the Government so tardily decided to send out a scientific commission of inquiry. Whatever may have been the motives, or of what nature the instructions, we may well feel some disappointment that so little of a positive character has issued from the Commissioners' labours. At the same time, there is at least this ground for congratulation, that the Government recognise the question of the etiology of cholera to be one which, if capable of solution at all, is to be dealt with by medical science; and if the first fruits of this new departure are somewhat barren, we may cherish the hope that the work thus commenced will be prosecuted again and again, until conclusions as definite as those we possess regarding some

other zymotic diseases are obtained respecting this great scourge, that has its home and source in our Indian empire.

DR. ROBERTS BARTHOLOW of Philadelphia has just published a clinical lecture on the Physiological Action and Therapeutic Uses of the Permanganates, which will undoubtedly enhance his already high reputation as a careful observer and practical physician. It is often objected that permanganate of potash is so quickly decomposed on coming in contact with organic matter that its action must be feeble and transitory. There is reason, however, to believe that this objection cannot be maintained, and that in reality a very definite influence is exerted on the blood. When injected locally for the bite of a venomous serpent the poison is destroyed, notwithstanding the fact that it is in contact with organic material. The effect on the animal poison is purely chemical; it is antidotal but not physiologically antagonistic, so that to be effective it must be brought in actual contact with the virus, which it destroys by a process of oxidation. Given internally in small doses, say two or three grains well diluted, it exerts no irritating effect on the mucous membrane of the stomach, but if administered in large doses or in a concentrated form, it produces local heat, a sense of irritation, and even burning pain. It has been alleged that it cannot act beyond the stomach because its oxygen must there be appropriated by the organic matter contained in that viscus; but there is good evidence, both clinical and physiological, that it does produce a marked systemic effect. The investigations of VULPIAN, DEMARQUAY, HAYEM, WALDENBURGH, and others have thrown much light on the subject, and the researches of BINZ have been instrumental in clearing up much of the mystery surrounding the physiological action of ozone. The last-named observer finds that ozone has a hypnotic action, a calmative effect on the central nervous system, due in all probability to an impression on the grey matter whereby its functional activity is suspended. The powers possessed by permanganate of potash as a general stimulant are well shown in the active emmenagogue properties which it has been found to exhibit by RINGER and MURRELL. In amenorrhœa due to deficient activity it promotes the functions in a very remarkable degree. The class of cases to which the permanganate is adapted are those characterised by torpor, anæmia, or deficient activity of the menstrual apparatus. It is contraindicated whenever an acute congestion or a general condition of sthenic reaction exists. Confirmatory evidence on this point has been received in abundance from all parts of the world, and it is obvious that a power which can so stimulate the sexual apparatus must, when exerted in other directions, prove equally effective. Dr. A. V. VARGUININ essayed its administration in dysmenorrhœa characterised by scanty menstruation and anæmia. Much of course must depend on the mode of administration, and Dr. BARTHOLOW finds as the result of a large practical experience that it is best given in the form of compressed tablets, prepared without any excipient. These tablets are typically adapted to the purpose, and present advantages not possessed by any other mode of administration. A small dose repeated at short intervals, a grain or two every half hour, until from four to six grains have been taken, is preferable to the exhibition of this quantity at one dose, as the diffusion of the salt into the blood is more effectually secured. From its irritating effect it is contraindicated in cases of acute inflammation of the stomach, but it will be found of the greatest possible value in chronic gastric and gastro-intestinal catarrh, accompanied by fermentative changes in the food. Eructations of gas, vomiting of a yeast-like material containing sarcinæ, and an acid fermentation of the starchy and saccharine constituents of the food, are promptly relieved by the administration of the salt. When the catarrhal process extends to the duodenum and involves the bile-ducts, the remedy is equally efficient. In addition to the evidence of stomachal and intestinal indigestion there is present more or less biliousness, manifested by a muddy complexion, yellow conjunctiva, high-coloured urine, and general malaise. This is a common condition, resulting from the combination of several factors, chief and foremost amongst which are improper feeding and imperfect preparation of food for absorption. The permanganate does good in many ways: it checks fermentation of the food elements prone to this process, acts beneficially on the catarrh of the mucous membrane, and, above all, promotes oxidation in the tissues undergoing metamorphosis. The uric acid in the urine is converted into urea, in which form it is excreted. From these conclusions it follows that permanganate of potash must be a remedy of great value in lithæmia, and clinical experience is quite in harmony with these physiological deductions. It is also useful in an affection cognate to lithæmia—the hepatic form of glycosuria. The special field of its usefulness in relation to diabetes is in those cases in which there appear to be both over-production of glycogen and insufficient consumption of this material. It will be found of the greatest possible value in the obese subjects of glycosuria, in whom the presence of much uric acid in the blood signifies at the same time inadequate preparation for absorption of certain food constituents, and a supply of oxygen insufficient to convert uric acid into urea. For the same reason that the permanganates are useful in lithæmia and glycosuria, they constitute a valuable remedy for obesity. According to the experience of Dr. BARTHOLOW, there is no remedy more effective in the treatment of obesity, and for the relief of the disorders of digestion which have a pathogenic relation to this condition.

THE constant occurrence of cases appealing strongly to the sympathies of the profession is a very noticeable fact. Medical life in its ideal is like that of "virtuous HEBERDEN," divided into three periods, one of arduous learning, followed by one of equally arduous practice, at once beneficent and profitable, and this crowned by an age of honour, and authority, and rest—the rest only made sweeter by being used for formulating and transmitting the lessons of experience. There is nothing in such a life as his, extending over ninety years, to excite pain or regret. The very change from practice to rest is made easily: the summer spent chiefly at Windsor, and the favourite art, not to say the friendly patients, being still a chief concern of the winter months. This is the ideal, we say, of medical life—one to be worked up to by every medical student and every medical practitioner, but admittedly only an ideal, unattainable by the majority of the four-and-twenty thousand who compose the Medical Register. The ninety

years that were given to HEBERDEN for working out his life were in themselves a great and fundamental gift that is not given to many, and without which he could not have completed the picture and the model which are suggested by his character and his history. But still we must have the ideal, and demand of all good men and true that they work up to it. We may not reach HEBERDEN'S fame any more than we may reach his age, but we shall certainly get some way towards both by considering how he deported himself. There is one feature in his life that strikes us, and which is neither hopelessly inimitable nor completely irrelevant to our present purpose. He did not make haste. He was deliberate. He did not clutch at the sweets of life. And though he waited—shall we say because he waited?—all things came to him. He took all the great steps of his life deliberately, and he put his foot down firmly. Though he was born in 1710, he was not married till 1760. He practised ten years in Cambridge before he came to London, where he did not begin practice till he was thirty-eight. This was in the year 1748. His success soon became great, and some twelve years after coming to London, GEORGE III. wished him to become physician to Her Majesty the Queen. The proposal was significant, but more significant still was HEBERDEN'S respectful refusal of it. Such was the respect of the King for HEBERDEN that he not only took kindly his refusal of this great offer, but as kindly accepted HEBERDEN'S nomination of a friend for the office, Dr. LEATHERLAND, a man of great worth, learning, and modesty. Surely in this quality of deliberation, not to say slowness, we see some secret of HEBERDEN'S success, of his independence, of the dignity, and we must add the charity, of his life. We live fast now. We live in the time of a race of luxury. We must marry soon, and soon be rich. The motto of an old philosopher, "Quantis non egeo," is accepted with the omission of the little monosyllabic word in the middle, and before we are well diplomatised, we are saying, "How many things there are which I want and must immediately have." A large house, a showy carriage, and everything to match. Every want recognised is the parent of many more. In every branch of the profession, as indeed in every class of society, there is the same tendency to multiply wants and to complicate one's establishment. It is all well that ends well. But our pages tell only too pathetically that it does not always end well; on the contrary, that it ends painfully and pitifully. We are not demanding any unreasonable amount of prudence or self-denial in the forecast of life and success. We are not prescribing a gloomy celibacy for every man till he is fifty, or till he is assured of fortune and of fame. We are only reminding our readers that a little more slowness and deliberation in the great steps of life and a little more determination to keep wants few will bring their reward. They may not bring fame; but with reasonable diligence and forethought they will bring ease and competence, and secure those who look to us and may survive us from painful dependence on others. In London especially there is little excuse for any medical man leaving his family entirely unprovided for. There is a Society—that for the Relief of Widows and Orphans of Medical Men within the postal district of London—to which it is almost culpable for such medical men not to belong. Should they die poor, their widows and children are provided against destitution on easy and yet independent terms. Should they die in easier circumstances, they have the satisfaction of knowing that they have contributed to the help and comfort of less successful brethren. This Society has constantly to press its advantages on the profession, nevertheless, numbers of medical men die without the comfort of knowing that by subscribing to it they have secured these advantages for those whom they love. We are well aware of other circumstances in social and professional life at the present which make deliberation and providence difficult, but they do not make them less binding or the omission of them more excusable.

MR. THORNHILL-HARRISON'S proposal as to an improved water-supply for the metropolis deserves serious consideration, the more so as it is the outcome of the experience which he acquired as one of the Commissioners appointed to inquire into the pollution of rivers in 1865, and of much thought since that date. His contention is that a vast body of wholesome water is in motion down the Thames valley, in addition to that which flows in the Thames river; and that, if the locality be properly selected, this water can be tapped and utilised at a comparatively small cost. The gathering-ground, resort to which he advocates, is that part of the chalk formation within the watershed of the Thames which lies to the north and west of Windsor, including the areas within the basins of the rivers Kennet and Colne, and which covers some 1100 square miles. Here the saturated chalk contains one-third of its bulk of water, and forms a huge reservoir of water, from which the supply passes away but slowly, except through fissures. Subject to such modifications as might be shown to be necessary after borings had been sunk, and the position of fissures determined, the constructive part of the scheme would involve a large receiving-well at Black Pots, with an overflow into the Thames below Windsor Lock, and a tunnel passing from this well in a westward direction; the tunnel to be a mile in length, and of gradually diminishing diameter. Incidentally it is mentioned that if London were thus supplied with water, the companies would save the heavy cost of filtering, the lands now occupied by their reservoirs and filtering-beds could be disposed of, and the £10,000 a year which Parliament requires them to pay to the Thames Conservancy Board for the purposes of diminishing the pollution of the water abstracted by them would be saved.

The proposal in question is included in two reports, which MR. HARRISON has submitted to the President of the Local Government Board, and which have since been issued as a Parliamentary paper. The general scheme having been adverted to, the sources of supply are pointed out in detail; and then follows a description of the geological peculiarities of the gathering-ground and of the district from which the water is to be collected, and also details as to how the supply is to be delivered to the several companies now providing water for the metropolis. The reports are well illustrated, both geologically and otherwise, several of the maps being interesting, quite apart from the special subject under consideration. Thus, those explanatory of the description given as to the chalk ranges go much beyond the question of London water-supply, and point to the con-

clusion that the crushing of the chalk strata forming the great escarpments of which the remains are seen in the North and South Downs were contemporaneous with the elevation of the Alpine and Pyrenean ranges, with which they are respectively all but parallel. Two other maps indicate the course and sections of the proposed tunnel. The scheme in no way professes to be matured as regards its final details, but there seems no doubt that a vast quantity of pure water, ample for the supply of the metropolis, and in excess of what is required to maintain the needed flow in the Thames itself, is running to waste under our feet, and only waits to be collected. If it be true that financial difficulties need not stand in the way, a reasonable solution of an increasingly troublesome problem would appear to be at hand.

Annotations.

"Ne quid nimis."

LUNACY LAW REFORM.

WE are in no way anxious to rush impetuously into the midst of the controversial lists where the question of Lunacy Law Reform is again being vexed with the zeal of enthusiastic disputants. We prefer to stand by awhile, and wait until, haply, it shall become a certainty that the subject will actually engage the attention of the Legislature, and with a reasonable promise of serious business in result. Nothing need be added to, or taken from, the scheme of reconstruction which we have again and again propounded. We speak of reconstruction because this is a matter in respect to which the law needs to be subjected to radical reform, and it would be simpler, and better every way, to make a clean sweep of existing statutes and pass a short specific Act, than to endeavour to mend the statute book by piecing and annotating.

We agree with those who contend that the main requirements are specifically: increased protection for the sane, better and greater facilities for the prompt treatment of mental disease, and such relief of professional responsibility as may be consistent with the enforcement of salutary precautions against the wrongful confinement of those who are only eccentric without being dangerously mad. It has been disputed that any such distinction as that to which public prudence points between the simply crazy and the seriously insane is, or ought to be, contemplated. Some there are who would have everyone who entertains a belief contrary to their own placed under restraint lest "madness" may chance to spread. This desire is not an unkind wish; it is the natural outcome of a conviction which prevails among specialists that any mind which is a little disordered must needs be so because the brain behind it is diseased. If scientists who argue thus could only be induced to recognise the great Darwinian law, or principle of nature, that function is more than, and a development *precedes*, organism, they would understand that disorder—or "derangement" as it used to be called—is quite possible without disease. As a matter of fact, a very large amount, or degree, of disorder in mental function is not only innocuous, but curable. And, for ourselves, we must profess utter inability to divine why a man or woman who professes a belief in some strange doctrine—for example, that of metempsychosis—should be regarded as a lunatic on this ground alone, while the doctrine of "incarnation" *per se* is regarded as perfectly reasonable, and those are counted sane who believe in it. This is a strong example, but it is a simple recital of the ground on which certificates of insanity are sometimes given, and it is absolutely necessary to face the facts.

We hold, and must contend, that only one of two reasons can morally justify the putting away of a mentally disordered person into confinement, and one of these *moral* grounds of justification is not, we regret to say, a legal one. Only when it is necessary for the treatment or cure of the patient should recourse be had to personal sequestration; and only when he or she is so demented as to need protection from harmdoing, is it, in our judgment, right to place an innocent and suffering fellow creature in confinement. What public safety and the welfare of the community demand is perfect freedom to take such measures as are necessary for the treatment of mental disease. The common-sense view of the case is simply this: *If asylums were properly inspected, and were not private prisons, there would be no need for the present system of certifying*, which causes so much trouble, pain, and difficulty, which in itself is a fruitful source of brain irritation, and which inflicts a life-long injury by impressing its victims with an indelible brand. Private prisons—miscalled asylums—ought not to be allowed to exist, and then there could be no question of neglect or malfeasance in the signing of *lettres de cachet*.

This is the one remedy for all the abuses of lunacy law and practice of which some justly, and many unjustly, complain. We are not inclined to discuss projects of law which are more than in the clouds. When the Government Bill—if such a measure be really forthcoming—is printed, we will review its provisions; but only such a measure as would at once put an end to the private asylum system and existing method of certification would, in our judgment, be satisfactory, or meet the ends of the case as it stands.

ADULTERATION OF FOOD AND DRUGS.

THE official account annually issued as to the working of the Sale of Food and Drugs Act, 1875, is always interesting. From the report for 1883 we learn that the actual number of analyses carried out under its provisions is on the increase, but that the public rarely set in motion the necessary machinery for the suppression of adulteration. Of 19,648 articles examined 2955 were found to be adulterated, and the percentage of adulteration in the following articles was considerable. In spirits it was 22·5 per cent., in milk 20·0, in coffee 19·1, in butter 18·0, and in drugs 16·4. Under Dr. Hassall's examinations made for THE LANCET Commission in 1854-56 more than half the articles were reported against; in 1877 the proportion was 19·2, now it is 15. Hence, some progress is being made, and fortunately the character of the adulterations practised is much less harmful than formerly. The question of milk adulteration by the addition of water still remains serious. One-fifth of all the samples subjected to analysis were found thus adulterated, and so long as it is possible for milk vendors to procure from the public between £70,000 and £80,000 a year for water sold under the name of milk, and this without adequate punishment when detected, so long is the practice certain to continue. Thus, it is stated in the Report that the public analyst for Plumstead calculates that in that single district the milkmen receive between £7000 and £8000 for water, while the fines for adulteration imposed on them collectively amount to about £100 annually. The extensive sale of drugs, which prove on analysis to be not in accordance with the Pharmacopœia, is another matter of serious importance. In some cases expensive drugs are so diluted that the quantity prescribed is not present, but in still more numerous instances drugs which were originally badly prepared, or which have deteriorated by keeping, are sold, and hence they are certain to fail in producing the effects intended by the prescriber. An increasing amount of publicity is now being given to

this subject of adulteration, and it is to be hoped that private purchasers will co-operate with the authorities in putting it down by themselves procuring samples when they suspect that drugs have been tampered with.

DEATH FROM SEPTICÆMIA AND HÆMORRHAGE.

DR. DANFORD THOMAS held an inquest at the Crowndale Hall, Crowndale-road, St. Pancras, on Saturday, Jan. 3rd, touching the death of Eliza Simpson, a middle-aged woman. The deceased had been under treatment for necrosis of the upper jaw and gangrenous stomatitis, and Mr. Brown, her medical attendant, on the expectation of letting out some pus, made an incision into the cheek from without, and ordered a poultice to be applied. Unfortunately the bleeding continued until the patient's death from exhaustion, which took place in about half an hour. Seeing the alarming condition of his wife, the husband sent for Mr. Brown, but that gentleman was from home. Accordingly Mr. Whitefoord was called in, but he arrived too late to be of any service. The quantity of blood lost was estimated at from half a pint to a pint. At the post-mortem examination, made by Mr. Pepper, it was observed that the greater part of the left upper jaw was denuded of periosteum, and the cheek on the same side was in a state of gangrene. The incision, two-thirds of an inch long and one-third of an inch deep, had not wounded any large vessel. The following signs of septicæmia were well marked. Petechial extravasations on the skin and on the under surface of the dura mater, enlargement and softening of the abdominal viscera, and marked fatty degeneration of the heart. It may be noted that the gall-bladder was enlarged and distended with clear fluid, partly serous, partly mucous. It contained several calculi, one of considerable size being impacted in the cystic duct. Mr. Pepper gave it as his opinion that the continuous hæmorrhage was due to deficient coagulating power of the blood, and to inability to contract on the part of the severed vessels, owing to molecular disintegration of their walls, and their fixation by inflammatory lymph; and, further, that whereas the loss of blood was not in itself sufficient to cause death, it did so under the circumstances narrated above. The jury returned a verdict in accordance with the medical evidence. There can be no doubt that Mr. Brown did not apprehend such an untoward event, or he would not have left the patient until the bleeding had ceased. The case is a very instructive one, showing the danger attending incision of tissues (naturally very vascular) in a state of extreme congestion.

CURING UNSOUND FISH.

IF the general purchaser is to be protected against the risk of disease from eating fish which is putrid or not quite fresh, and the detection of its unfitness when in the shop depends chiefly on his own intelligence, there is all the more need that inspection in the market should be deep and searching. We speak advisedly, as a recent case of faulty packing at Billingsgate shows. A retail dealer found that out of a quantity of fish purchased by him, and immediately afterwards inspected, those in the top layer were sound, the others more or less putrid. The defence urged against his complaint was as novel as erroneous. It was stated that the fish were sold as being of mixed quality, but saleable on the ground that those which were unsound, and thus rendered uneatable, might be cured and sold in the dry state. Salting and smoking are, no doubt, good means of preserving fish by preventing putrefactive changes. Their action, however, is somewhat uncertain; it cannot be expected to penetrate with equal intensity through every tissue, some being more exposed to it than others. Neither can putrefaction once established be arrested in this way. At the very outset of the change, while it is yet slight or superficial, curing may, it is true, suffice to eradicate it; but at such a stage the taint of decay is barely perceptible. It would be altogether unjustifiable to found any general rule which would ascribe to the curing process a more than merely preventive influence in this respect. Brine itself, on the other hand, is too apt to become impregnated with mucus and other animal matters from the fish immersed in it. If to these bacteria be added, we have in the preservative medium all that is required for promoting active decomposition. Drying fish by smoking them at a moderate temperature, though a practice based on another principle from that of salting, supplies no further guarantee against organic change. This latter is something which we cannot rely upon nipping in the bud, and for which, therefore, as we have shown, "curing" is no cure.

LONGEVITY IN THE SOCIETY OF FRIENDS.

A LETTER published in a recent issue of the *Alliance News* affords an example of the misuse of one-sided facts, which, in connexion with an interesting subject, is itself not devoid of interest. The exceptional longevity in the Society of Friends is stated to be a fact acknowledged by actuaries, and the newly issued figures for the year 1883-84 are said to present the increasing longevity in a "startling aspect." It appears that certain vital statistics have been recorded, tabulated and published by the Society of Friends for a series of forty-one years, and it is pointed out that while the mean age of 342 persons dying in 1843-44 was fifty years and nine months, the mean age of 280 persons dying in 1883-84 was sixty years and eleven months. The mean age of those dying in the six years 1843-44 to 1848-49 was fifty years and four months; in the six years 1872-73 to 1877-78 it was fifty-five years and five months; and in the six years 1878-79 to 1883-84 it was fifty-eight years nine months. It may safely be asserted that there are few methods of calculating longevity more open to fallacious results than the use of the mean age at death for this purpose. In a theoretical life-table population the mean age at death is synonymous with the mean duration of life, but without accurate knowledge of the age constitution of a population, the mean age of its decedents is absolutely valueless as a test of its longevity. Mr. Pearson, in the letter to which we refer, admits that even the number of members of the Society in 1843-44 is not recorded, but adds "the number is no doubt practically about the same for both periods"—that is, for 1843-44 and 1883-84. But the number of members, even if it were known, for each year in the series, would have little value unless the ages of the members were also known. If from any cause the Society of Friends now contains a larger proportion of elderly persons than it did forty years ago, then the comparison of the mean age at death at the two periods would be about as useful as a test of health and longevity as a similar comparison of the mean age at death of captains and colonels in the army which was suggested by the late Dr. Farr, more than forty years ago, as the *reductio ad absurdum* of this false method of mortality statistics. The number of this sect is estimated at "some 18,000 persons of all ranks and conditions of life," but further figures quoted by Mr. Pearson point strongly to the probability that the number of the Society has declined, and that the proportion of young people among the members has also declined. Until light has been thrown upon the age constitution of the Society, all conclusions drawn from the mean age at death must be regarded with suspicion. It would, at any rate, be well to establish the fact of this "startling" increase of longevity among the Society before accepting the final conclusion of Mr. Pearson that "this religious

Society, always 'temperate' in the use of alcholic liquors, have practically become a Society of total abstainers, and the statistics of longevity I have just presented show most conclusively how they are already reaping their reward." This is indeed a case of the zeal of temperance advocates outrunning their discretion.

PUBLIC HEALTH LEGISLATION OF 1884.

AMONGST the Acts of Parliament which received the Royal assent during 1884 the following affect sanitary authorities in their dealings with public health. The Canal Boats Act, 1884, amends the Act of 1877 in several important respects. Every sanitary authority within whose district there is a canal will now be compelled to enforce the regulations of the Act and to make a report during the month of January as to what has been done during the preceding year. For the purposes of administration alterations have been made as regards the imposition and disposal of fines; certificates of registration heretofore granted now become null and void if any structural alterations are made affecting the conditions under which the registration was originally made; power of entry for the purposes of inspection is sanctioned from six in the morning until nine at night; and boats registered under the Merchant Shipping Acts, which thus evade the Canal Boats Act, may, under certain specified conditions, be brought within the control of the latter. The Public Health (Confirmation of Bye-laws) Act, 1884, will remove a doubt which a recent decision created as to the adequacy in certain cases of confirmation of bye-laws by the Local Government Board. The Disused Burial-Grounds Act, 1884, makes it unlawful to erect buildings on any disused burial-ground, except as regards extensions of places for public worship and buildings for which a faculty was obtained before the closing of the principal session of 1884. The definition "disused burial-ground" includes a burial-ground in respect of which an Order in Council has been made for the discontinuance of burials therein. Under the Expiring Laws Continuance Act, the Diseases Prevention (Metropolis) Act, 1883, which removes the stigma of pauperism from persons received into the metropolitan asylums board hospitals, was renewed for another year.

DAIRIES AND SEWAGE FARM PRODUCTS.

SOME difficult questions have arisen in connexion with the proposal of the Croydon Corporation to let some of the land they possess at their sewage farm for the erection of cowsheds to hold between two and three hundred cows; the animals to be to a considerable extent fed on the rye grass grown on the farm. The objections to the scheme were mainly raised by residents at Hackbridge, who maintained that the cowsheds would cause a nuisance; that so large an aggregation of cows was objectionable, amongst other reasons because it would facilitate the spread of foot-and-mouth disease; that the keeping of the cows on rye grass would be likely to injuriously affect the milk; and that the cows, by using the effluent water of the farm as a beverage, would secrete a milk calculated to bring about disease amongst the consumers. So far as we are aware no positive evidence has yet been adduced as to injury either to man or beast from proximity to, or consumption of articles grown on, sewage farms; and as regards this special farm, Dr. Alfred Carpenter read an exhaustive paper before the International Medical Congress in London, showing that no such injurious results as had been anticipated had ever been brought about. The Local Government inquiry which has been held as to the use of the land in question for the purposes of cowsheds, has, however, left one point in a very unsatisfactory state. Although it may be contended that the consumption by cows of the effluent from a sewage farm has never yet been shown to give objectionable qualities to their milk, yet it must be held that it is wrong as regards milch cows supplying milk for human use, to allow any such water to be resorted to. The evidence given at the inquiry, and the correspondence which has ensued, go to show that the cows have on certain occasions been allowed to drink the effluent, and if the transfer of the land be sanctioned it is to be hoped that it will be made conditional on a supply of wholesome water being so conveyed to all parts of the premises that there shall be no possible inducement to resort to the effluent for any purposes connected with these dairy sheds.

PATHOLOGICAL SOCIETY.

THE formal annual meeting of the Pathological Society took place in the course of the meeting held on Tuesday evening last. The scrutineers, Dr. J. A. Ormerod and Mr. Arbuthnot Lane, declared that the list of officers nominated by the Council had been duly and unanimously elected. We published this list in THE LANCET of December 27th, 1884. Mr. Butlin, Hon. Sec., then read the report of the Council, which showed that the Society was in a flourishing state, and numbered now 684 members. Reference was made to the loss the Society had sustained in the decease of Dr. Mahomed, and of Mr. Wheatley, the resident librarian. After many years of valuable work Mr. Marcus Beck and Mr. Godlee have retired from the Morbid Growths Committee, and Dr. Sharkey and Mr. Eve have been elected to fill their places. Mr. Bland Sutton has been elected to take charge of the section of comparative pathology. Mr. Waren Tay proposed, and Dr. Angel Money seconded, that the report of the Council and the balance-sheet of the Treasurer be received, adopted, and printed in the Society's Transactions. This proposition was duly carried. Dr. Hale White and Mr. Bowlby were appointed to audit the Treasurer's balance-sheet. Mr. John Wood proposed, and Dr. Norman Moore seconded, a vote of thanks to Mr. Hulke, the retiring President. This was carried with acclamation, and Mr. Hulke briefly replied by saying that were it not for the able assistance of the Hon. Secretaries the work of the Society would be almost at a standstill. Dr. Longhurst proposed, and Mr. W. Haward seconded, a vote of thanks to the retiring Vice-presidents and Members of the Council.

ARTIFICIAL ANUS CURED BY ENTEROTOMY.

DR. CANNIZZARO, in the *Rivista Internazionale di Medicina e Chirurgia* for last month, reports the case of S. P——, aged sixty-seven, who for some years had had a reducible right inguinal hernia. Symptoms of strangulation supervened, and a surgeon, after ineffectually applying the taxis, advised operation. The patient objecting, the hernial coverings sloughed, and an artificial anus was established in the right groin. When Dr. Cannizzaro operated on the 1st of last October he found the septum or spur (*lo sperone*) very well marked. Having grasped it in its whole depth within the blades of the enterotome, he tightened the screw until the patient complained of pain in the part and at the epigastrium. The instrument was immobilised with a spica bandage and compress. During the first day the patient was much depressed, and inclined to vomit. The dressing, changed each day, contained fæcal matter; each day also the screw was tightened until the patient complained of pain. Chicken broth, eggs, and wine were taken freely. During the fifth night the bowels acted abundantly twice and naturally. On the sixth and seventh days very little fæcal matter was found around the dressing, and on the eighth day the enterotome was observed to be very movable. It could not then be detached, but it came away with the dressing on the ninth day after

operation. The wound was then washed with carbolised water, its surroundings brushed with collodion, and a compressing bandage applied. From this date the patient continued to evacuate per anum; in reapplying the bandage daily, care was taken to approximate the edges of the wound, which gradually healed; the patient leaving the hospital cured, in excellent health, on the 15th of November, just forty-five days after the operation.

SLEEPLESSNESS.

SLEEP is a perfectly natural function. It is not a negative act, but a positive process. Herein lies the difference between real sleep and the poison-induced torpor which mimics the state of physiological rest. We ought to be able to sleep at will. Napoleon and many busy men—the late Mr. Wakley, for example—developed the power of self-induced sleep to such an extent as to be able to rest whenever and wherever they pleased, for longer or shorter periods, as the conditions admitted. We have been led to believe that Mr. Gladstone at one time possessed this faculty. If that be so, his recent insomnia must be assumed to have been the result of such intense brain-worry as inhibited the control of the will; or there may, of course, be physical causes which render the apparatus of the cerebral blood-supply less manageable by the nerve centres. In any case, it is much to be deplored that, in the study and treatment of insomnia, the profession generally does not more clearly and constantly keep in memory that what we call sleeplessness is really wakefulness, and that before it is justifiable to resort to the use of stupefying drugs the precise cause of disturbance should be clearly made out. This, of course, takes time, and involves a scientific testing of the relative excitabilities of the sense-organs, central or radial and peripheral. The discovery of the cause, however, affords ample recompense for the trouble of searching for it. With the sphygmograph and a few test appliances, such as Galton's whistle, an optometer, and other instruments, the recognition of the form and cause of sleeplessness can be made in a brief space, and then, and then *only* we protest, it can be scientifically—i.e., physiologically—treated.

THE LEGACIES OF 1884.

THE legacies and donations of 1884, in the provinces as well as in the metropolis, have been numerous and generous. We rejoice over them as proofs that the old Christian virtue—and Jewish, too, for that matter, the largest being that of the Baroness de Rothschild, who, of £99,000, left £10,000 to the London Hospital—of charity is not dead yet, in spite of all the pains that have been taken of late years to take the life and the grace out of it. Mrs. Johnstone Thomson, of Claremont, Lockerbie, left £25,000 for almshouses. Mr. John Harrison, of Bath, £29,000 for the blind. Mr. Moffatt, of Port Glasgow, £60,000 for an orphanage in Renfrewshire. Sir Erasmus Wilson left £5000 each to the Margate Infirmary, the Society for Widows and Orphans of Medical Men, the Royal Medical Benevolent College, and the Medical Benevolent Fund. Mrs. Charles Turner, of Liverpool, has given £30,000 for a Home for Chronic Sufferers, a class most to be pitied, and a sum the interest of which will meet the annual expenditure. These acts of generosity revive one's spirits and one's faith in human brotherhood. They show that the accumulation of wealth does not obliterate thoughts of the poor, and the maimed, and the halt, and the blind. We would fain see them greatly multiplied, and the hospitals and asylums embarrassed with wealth, as they now are embarrassed by the want of it. Why not? What good is there in keeping money, even during life, in huge masses, when it is so urgently wanted, and could be so immensely useful? This spontaneous return of money to the poor by the rich is the blessed way and the best of solving all angry questions about the unequal distribution of wealth. We again express our belief that there is no better medium for distributing gifts to hospitals, whether in the shape of donations or legacies, than the Hospital Sunday Fund.

RHIGOLENE: A LOCAL ANÆSTHETIC.

THE use of cocaine as a local anæsthetic has directed attention to the value of petroleum naphtha for similar purposes. The name rhigolene was given by Dr. H. J. Bigelow, of Boston, to a light inflammable liquid obtained by the repeated distillation of petroleum. It is probable that it is not a definite chemical compound, but it is said to be one of the most volatile bodies in existence. By using it in the form of a spray with a common atomiser it produces a degree of cold sufficient to freeze any tissue with which it may come in contact. Dr. W. Chapman Jarvis, of New York, finds that its action is more decided than that of cocaine, although of shorter duration. Skin and mucous membranes may be divided deeply and freely without fear of pain or hæmorrhage. Its effects pass off quickly, so that the operator has to act with promptness. It is a good plan to employ it in conjunction with cocaine. When not in use it should be kept on ice or in a cool room, tightly corked. In a warm place it would probably burst the bottle or blow out the cork. It has been accused of possessing explosive properties, but probably it is safe if not brought in contact with an open flame. It should not be used for cases which require artificial light. Very little is known about it as yet, although its properties were cursorily investigated some years ago.

THE SANITARY STATE OF ALNWICK.

THE town of Alnwick, in Northumberland, has recently acquired an unenviable notoriety for dirt and disgraceful house accommodation for the lower classes, and it has, in consequence of the revelations made at a coroner's inquest, been visited by an inspector of the Local Government Board. The recent discussions in the Town Council are not hopeful as regards the future, for the Corporation, having only just determined that the piggery nuisance must be abated, and having procured the sanction of the Local Government Board to a clause specifying a distance from dwellings within which pigs shall not be kept, have now practically decided not to enforce the bye-law universally, but only as the occasion may seem to suit. It is this discretionary power in certain bye-laws which tends to do so much harm, the more so as it always leaves the door open to allegations of favouritism or the reverse. The official report, when issued, may give some further insight into these matters.

CHOLERA IN RAGS.

THE orders relating to the prohibition to import rags into this country from France and Italy having expired at the close of last year, it was anticipated that the trade would have been resumed, but fresh orders have been issued, signed by Lord Kimberley, one of the *ex-officio* members of the Local Government Board, extending the prohibition until the first day of March next. The fact that occasional cases of cholera have been reported both from France and Italy since the outbreaks were regarded as having ceased makes it difficult to say that the danger of a recrudescence has passed away, and it is not improbable that rags from infected areas may be prevented from coming into this country, except subject to the conditions of the prohibitive orders, until it seems tolerably certain that the disease has really finally subsided.

PREVENTIVE MEDICINE IN PRIMARY SCHOOLS.

THE suggestion of supplying a good meal to the poorer children who attend Board Schools is not new. On the other side of the Channel, at least, it has been carried successfully into effect. In the admirably administered capital of Belgium all the children attending the communal schools are examined by the doctors attached to the sanitary service of the town. Those among them who manifest signs of debility are at once put under a preventive treatment, which consists generally of cod-liver oil in winter and a tonic mixture in summer. There is a rule directing that each child should have a separate medicine glass of its own, and that the medicine should be given by the masters at school. If the medicine were taken home it would never be administered with proper punctuality, and the oil might at times be used to grease the father's boots. Of some 10,000 children there were 1094 treated in this manner from 1882 to 1883 at Brussels. Of this number 69, or 6·3 per cent., were completely cured, and 628, or 57·4 per cent., were much benefited. In 203 cases, 18·4 per cent., no improvement was noticed, while the result is unknown in 194, or 17·7, of the cases. The removal of the children to other towns or other schools accounts for the incomplete character of the statistics, but sufficient has been said to show on what a large scale this system of preventive medicine has been applied. It is needless to add that the medicine and medical supervision are entirely gratuitous; but the State is already beginning to recoup its outlay, for every year shows a distinct improvement in the health and physique of the military recruits. The teeth of the children are also examined; and during the same year no less than 1250 pupils required the services of the dentists, which they would probably have never obtained but for this compulsory intervention of the State. It will be seen therefore that, if we are not to be behind the Belgians in our care for the physical welfare of the children attending our primary schools, there is something more to be done than merely providing penny dinners.

IMPROVED DIET AT LONDON HOSPITALS.

AMONGST other improvements which the new year has introduced is a new scale of diets at St. Thomas's Hospital. By the system of cooking which has been adopted under the advice of Mr. Buckmaster, the authorities are enabled to diminish the expense; and the diet table, which has been drawn up by the medical staff of the hospital, is both varied and liberal. The quantity of animal food allowed to the convalescents is increased, and they are given bread *ad libitum*. Special diets are a feature of the new table, and throughout there is a decided improvement. The step is worthy of the attention of the authorities of other hospitals.

FLYING AMBULANCES IN PARIS.

DR. HENRI NACHTEL, though an American, has succeeded in starting an agitation in Paris in favour of organising town ambulances on the American model. An influential temporary committee has been formed for this purpose, on which we find the names of Dr. Pasteur, Dr. Berthelot, Dr. Guérin, Dr. Béclard, Baron Larrey, Senator Kœchlin Schwartz, the former Prime Minister M. Jules Simon, and the well-known journalists MM. Lockroy, John Lemoinne, E. Magnier, &c. A recent meeting of this committee was held under the presidency of M. Jules Simon, when Dr. Nachtel exposed his scheme. He proposed to establish two methods of communicating with the hospitals in case of accidents. First, when there is no extreme urgency, the local police station would supply means of telegraphing to the nearest hospital to send an ambulance. Secondly, when there is not a moment to be lost, or the case is too serious to bear transportation to the police station, telegraphic posts, similar to the fire alarms placed in the streets, might be employed. A number of red boxes or pillars in all the principal streets could be opened by a key kept in the nearest shop and the alarm given. On the receipt of this signal an ambulance should be ready to start in forty-two seconds, horses being kept day and night in harness. The house-surgeon would accompany the ambulance. It was further proposed to raise a fund by voluntary subscriptions to start this service; and a magnificent fête will forthwith be organised, the proceeds to be devoted to this purpose.

THE LATE DR. MARSHALL.

A PARAGRAPH in the last issue of THE LANCET relating to the death of Dr. William Marshall, late Physician to the Queen, requires a little correction. Dr. Marshall was originally in practice at Balmoral, and was occasionally called in to attend some of the persons about the court; and upon one occasion, when the Princess Louise was suffering from synovitis at Balmoral in 1872, the Queen saw him, and was so much pleased with his treatment of the case that he was appointed Her Majesty's own private resident medical attendant, and this position he held till he retired three years ago in bad health, having symptoms of brain mischief. He then received a very liberal pension from the Queen, and was succeeded by Dr. James Reed, who continues to hold the same post at Court at the present time. Dr. William Marshall was one of Nature's noblemen, a clever doctor, the soul of honour; he filled a most difficult post, and acted on all occasions with rare tact and extraordinary discretion. He was much beloved and very highly esteemed by all who came in contact with him. He now and then prescribed for the late Duke of Albany, as he also did for all the other members of the Royal Family when they were visiting Her Majesty. But Mr. Boyle was the only constant medical attendant of the late Duke since 1875 till the time of his death.

COCA AND COCAINE IN SKIN DISEASES.

IN a recent lecture delivered at the Philadelphia Hospital for Skin Diseases Dr. John V. Shoemaker stated that for over two years he had employed a liquid extract of coca in the treatment of certain cutaneous affections. It had been employed with good results in eczema, herpes, herpes zoster, urticaria, and a number of allied affections. A case of acute eczema of the ear and neck was exhibited which had improved in the most marvellous manner under the local application of an ounce of fluid extract diluted with three ounces of water. In acne rosacea the solid extract should be made into an ointment with lard and applied freely. It exerts a marked sedative action upon the inflamed or irritated skin, and may be employed with confidence. We understand that Dr. T. C. Fox is using at the Westminster Hospital a solution of hydrochlorate of cocaine in cacao butter, and has obtained good results, especially in urticaria and lichen planus.

THE PRELIMINARY SCIENTIFIC EXAMINATION.

AT the meeting of Convocation of the University of London on Tuesday last, Dr. Curnow moved, and Mr. M. P. Christie seconded, "That Convocation again urges upon the Senate the desirability of holding the Preliminary Scientific (M.B.) Examination twice a year." The resolution was carried by 116 votes to 2. After such an expression of opinion on the part of the graduates, and with a rival in the shape of a teaching university threatening to compete with it in giving degrees in medicine, we anticipate that the Senate will grant the demand of Convocation, and not repeat its foolish policy of 1880 and 1881.

THE HEALTH OF MR. GLADSTONE.

WE are glad to be able to give a satisfactory account of the health of Mr. Gladstone. The disorder of his health, consisting chiefly of slight catarrh and lumbago, with sleeplessness, is only too easily explained by the late prevalence of east winds, following the exhausting work of the summer holidays and the autumn session, and coinciding with an anxious and complicated state of public affairs. It is not the first time that such attacks, occurring in similar circumstances, have shown that even Mr. Gladstone's powers have their limits. Happily, his ailments have already promptly yielded to apt remedies and to comparative rest, and there is a fair prospect that, without public inconvenience, his health may be soon fully restored. According to our latest account his sleep has returned, and this means almost everything that can be wished. At the same time, it would be a mistake to make too light of these attacks, or to refuse to see that if Mr. Gladstone's powers are to be conserved for the fullest advantage of the State, his friends should contrive in every way to keep him from all but essential work.

THE RIGHT OF SEARCHING A DEAD BODY.

A DISPUTE is raging between the authorities of Charing-cross Hospital and the Deputy Coroner for Westminster as to the right of searching a dead body. Obviously this right alone properly belongs to the police. It is often of the utmost importance that the pockets of a person found dead, or supposed to be dead, should be *instantly* investigated. Take the case, for example, of a man who had swallowed a narcotic poison which was acting powerfully; something in his pocket, such as an empty bottle or a written confession, might lead to the adoption of means for his recovery. Or, in the case of a murder, the discovery that pockets had been rifled, or something found in them, might supply a clue to the criminal. We are strongly of opinion that not a moment should in any case be lost before making a thorough search, and, beyond question, the person to do so is neither a hospital porter, who has no further responsibility, nor the coroner's officer, who is pretty sure not to be on the spot but a police constable, and the nearest at hand.

AMYLASE.

AMYLASE has been found by M. Brasc to be present in a very large number of leaves of plants: potato, maize, dahlia, beet, tobacco, castor oil, red poppy, and sunflower. The principle is obtained by digesting the bruised leaves in cold water for twenty-four hours; the juice is then expressed and one and a half times its volume of 90° alcohol is added and the liquid filtered. After filtration the same quantity of alcohol is added and the liquid set aside to deposit. The precipitate is filtered off and washed with a small quantity of 65° alcohol. The amylase when present is contained in the precipitate, and its presence is proved by its action in converting starch into sugar.

A LUNATIC IMPRISONED.

THE Lord Mayor did not show his accustomed sagacity on Monday last when he sent Herbert Percy Freund to prison instead of to an asylum. This poor man was, we are informed, a St. Thomas's Hospital student some seven or eight years ago, and while there became insane. He has since been in Bethlem Hospital and in the City Asylum at Stone, of course under certificate. To place such a person in prison would be an act of cruelty, only that, of course, the mistake made has been the result of ignorance, not ill-feeling. The Secretary of State for Home Affairs must now be moved to interpose, and the man, who is not legally a criminal, and who therefore has been sent to prison contrary to law, be removed to an asylum. Setting aside personal considerations, this is absolutely necessary on public grounds, for at the expiration of the term of imprisonment—namely, two calendar months—the lunatic will be again at large, and his fanatical mania may, for aught anyone can tell, take the form of a possession or impulse to, enforce his views of religious awakening in a way which may not be safe for himself or those around him.

SMALL-POX HOSPITALS.

A MEETING of the Society of Medical Officers of Health will be held at 1, Adam-street, Adelphi, on Friday, January 16th, at 8 P.M., when the question "Are Small-pox Hospitals necessarily a source of danger to the neighbourhood in which they are placed?" will be discussed. Papers will be read in the affirmative by Drs. Tripe and Gwynn, and in the negative by Dr. E. T. Wilson.

AT a meeting of the Faculty of Medicine of the Melbourne University, on Oct. 29th, a letter from twenty-two medical students was considered, and ultimately referred to the committee already appointed to revise the medical course. In the letter attention was drawn to the following points, in which the surgical education of those signing it seemed susceptible of improvement:—1. No regular clinical instruction, as lately provided for by the council, is given in the wards. 2. Little or no instruction is given in therapeutics. 3. Consultations as at present conducted are useless as a means of education. Most of the operations are performed at from 2 to 3 P.M., at which hour the students are present at lectures; attendance on an operation may cause the loss of a valuable demonstration. 4. In many cases the operator gives no information as to the nature of the injury or disease demanding operation. 5. Owing to the present method of recording attendances at the hospital, no credit for attendance is given unless students attend their own particular wards; consequently it is impossible to give due attention to the out-patients' department, where many instructive cases are to be seen.

ACCORDING to the *Publishers' Circular*, the analytical table of the book issues of 1884 shows an increase of 228 over those published in 1883, the numbers being 6373, against 6145. Of the total issues of new books theology stands at the head with 724 volumes; juvenile works and tales stand second with 603; educational, classical, and philological books, 543; history, biography, &c., 490; books on the arts and sciences and illustrated works, 432; novels, tales, and other fiction, 408; year-books and volumes of serials, 323; voyages, travels, and geographical works, 236; pamphlets, sermons, and miscellaneous works, 208; and then, with less than 200 volumes, come poetry and the drama, 179; law, jurisprudence, &c., 163; medicine, surgery, &c., 160, this last showing a decline of 3 as compared with 1883. The new editions of medical works published during 1884 amounted, however, to 55.

DR. THEODORE WILLIAMS will deliver three lectures at the Brompton Hospital on Wednesdays, January 14th, 21st, and 28th, at 4 P.M., on the Uses of the Compressed Air Bath in the Treatment of Disease. Members of the profession are admitted on presentation of their cards.

AN alarming outbreak of scarlet fever is reported from Kirby Stephen, Westmoreland, over two hundred children in a small population having been attacked, and many deaths having occurred. The Board and Sunday schools have been closed.

MR. W. H. POWER, Medical Inspector of the Local Government Board, has issued a circular to the medical practitioners in the neighbourhood of Chelsea, Fulham, Kensington, and Hammersmith, requesting them to give him henceforward, until January, 1886, notice on the book-forms with which they have been supplied of each small-pox case, the very mild as well as the more severe, coming under their observation in the districts in question. Mr. Power states that the response accorded by the medical profession to his request in July last for information respecting occurrences of small-pox has been of very great service in his inquiry as to the distribution of the disease in those districts. We trust that practitioners will afford Mr. Power willing aid.

AT the meeting of the Royal Medical and Chirurgical Society on Tuesday, January 13th, it is expected that the evening will be taken up with the adjourned discussion on Dr. Percy Kidd's paper on the "Distribution of the Tubercle Bacilli in the Lesions of Phthisis." The President, Dr. Herman Weber, Dr. Green, Dr. Wilson Fox, Sir Andrew Clark, Dr. Moxon, Mr. Watson Cheyne, Dr. Coupland, Dr. Goodhart, Dr. Heron, and others, will take part in the discussion. Dr. Kidd's specimens will be on view half an hour before the meeting.

DR. DENHAM, ex-President of the Royal College of Surgeons, Ireland, having intimated his intention to retire from the active practice of his profession, a committee has been appointed to arrange for the presentation to him of an address and suitable testimonial (the subscription to the latter being limited to two guineas), as a token of the high esteem and regard in which he is held by his professional brethren and the public at large. The honorary secretaries are Drs. G. H. Kidd and Lombe Atthill.

IT is asserted on good authority that Prof. Recklinghausen of Strasburg is to be invited to fill the chair of Pathological Anatomy rendered vacant by the death of Prof. Cohnheim. Next in order come the names of Prof. Ziegler and Prof. Birch-Hirschfeld; but the name of Dr. C. Weigert, for several years the colleague of Cohnheim, does not appear in the list submitted by the Leipsic Faculty. Some natural dissatisfaction has been aroused in consequence.

THE death is reported of Prof. William Darling, F.R.C.S., who occupied the chair of anatomy in the University of New York. Dr. Darling received his professional education in the University of Edinburgh and became a Member of the Royal College of Surgeons of England in 1856 and a Fellow of the same College ten years later. He was the author of Anatomography and Essentials of Anatomy, and edited Professor Draper's works.

AT a meeting on the Southend-on-Sea Local Board of Health, held on Tuesday last, it was unanimously resolved, "That this board will strenuously oppose any scheme for sewage disposal involving the treatment or discharge of sewage or sewage liquid from London and its neighbourhood in the Thames, whether at Hole Haven or elsewhere, near, or so as to be calculated to injure, Southend."

WE are glad to learn that the Admiralty have ordered an official inquiry into the alleged excessive frequency of floggings on board Her Majesty's ship *Northumberland*.

THE death is announced of Dr. Edward Jarvis, of Dorchester, Massachusetts, President of the American Statistical Society, at the age of eighty-two.

THE vacancy caused by the retirement of Dr. Russell, for many years physician to the Birmingham General Hospital, is, we understand, likely to be filled by the appointment of Dr. Robert Saundby, with whose contributions to the morbid anatomy of mental and nervous disease the profession is familiar. Dr. Saundby's candidature is, it is said, unopposed.

THE committee charged with the provision of a permanent memorial to Dr. Paget, Regius Professor of Physic in the University of Cambridge, has decided that such memorial shall take the form of a marble bust to be placed in Addenbrooke's Hospital. The subscription list has been headed by the Prince of Wales and Prince Edward.

IT is announced that the synthesis of saccharose has been accomplished by MM. Aubert and Giraud, and it is anticipated that the discovery may eventually be of vast importance to the sugar industry. The amylaceous matter of the potato is first converted into glucose and then exposed to the action of a strong electric current.

AT the next meeting of the Obstetrical Society (Jan. 14th) a paper will be read by Dr. William Duncan on "Total Extirpation of the Uterus for Cancer." It is expected that Sir S. Wells, Sir W. Mac Cormac, Mr. Bryant, Mr. Thornton, and others will take part in the discussion.

THE emigrant ship *Hereford*, from Calcutta for the West Indies, has put into Mauritius for medical advice and has been placed in quarantine, fever having broken out amongst the passengers and eighteen deaths having occurred during the passage.

THE Local Government Board have informed the town clerk of Dover that their medical officer will shortly visit the town to ascertain what provision there is for dealing with cholera cases that may arrive from the Continent.

WE regret to have to announce the death of Dr. Herbert Davies, Consulting Physician to the London Hospital, and Physician to the Bank of England. We hope to give an obituary notice of the deceased in our next issue.

DR. HERON proposes to show at the next meeting of the Medical Society of London on Monday, the 12th inst., specimens in pure cultivation of the comma bacillus of Koch.

THE UXBRIDGE TRAGEDY.

BY ANTHONY A. BOWLBY, F.R.C.S.

THE case known as the Uxbridge tragedy is one presenting many points of medico-legal importance, the question to decide being whether certain wounds found on a dead body had been suicidally or homicidally inflicted. The result of the trial was the conviction of the prisoner for the murder of her husband. The account which follows has been written on my own responsibility, and does not in any way implicate Mr. Parrott, the other medical witness. Nevertheless, I may say that on almost all the main points we were entirely agreed. The circumstances of the case are briefly as follows:—

The deceased, James Gibbons, aged sixty-five, a perfectly healthy and prosperous man, lived with his wife at Hayes, Middlesex. He had been married thirty-seven years, but had no children. He had adopted, or at any rate undertaken

the care and education of, a little girl distantly related to him, and had had disagreements with his wife on this account. On Nov. 15th, 1884, he went into the country to see his adopted child, in the evening he returned to Hayes and walked home from the station with the station-master, a personal friend, who testified that he left him close to his own door somewhere about 10 P.M. He was seen to enter his house by his own servant-girl, but was not again seen alive; his wife and he were the only persons who slept at his house. Shortly before midnight the next-door neighbour was aroused by Mrs. Gibbons, who was dressed in her night-gown alone and who said that her husband had committed suicide. The neighbour returned to the house with Mrs. Gibbons and found the deceased lying dead on his face upon the floor of the bedroom in a pool of blood. Close to his side lay a revolver. Mr. Parrott of Hayes was at once sent for, and in a short time arrived at the house with Mr. Hathaway, his assistant. They found the deceased lying on his face on the floor with his left arm stretched out towards the door, his right arm doubled under him, and his feet towards the bed. On the side of the bed next which he lay was a depression, as though caused by someone sitting down; this depression was about half-way down the bed, and close to it the sheet was sprinkled with a few spots of blood; anyone sitting on the place indicated would have his right hand towards the pillow. There were no marks of a struggle having taken place, but close to the door the wall was marked with blood spots. A very large amount of hæmorrhage had taken place, and the clothes of the deceased were saturated with blood; he was partly undressed, and had on a shirt, jersey, and drawers. Mr. Parrott hastily turned the deceased on to his back, and found the three wounds to be presently described; life was extinct, but the body was quite warm. Turning to the wife, Mr. Parrott naturally asked, "How has this happened?" She replied that they had had a few words about the little girl who used to live with them, that the deceased had then taken the revolver from under his pillow, and, exclaiming that he could stand it no longer, had waved the weapon round his head and fired off four or five shots in rapid succession. When asked by Mr. Parrott whether she had not tried to prevent her husband from killing himself, she said that she had thrown her arms round his neck, and then had run downstairs. It may here be remarked that Mrs. Gibbons made at different times six different statements. In one she said that all the shots were fired after she left the room in a fright at seeing her husband seize the pistol, in another that one shot was fired whilst she was in the room, the others after she left it, and in the remaining statements she said that two, three, and, lastly, all four shots were fired whilst she was in the room. At one time she said she saw her husband fall, at others that after getting downstairs she heard him fall. At no time did she say that the pistol had gone off during a struggle, or that she herself ever obtained possession of it. The pistol found beside the deceased was a six-chambered revolver, about six inches in length; five chambers had been recently discharged, and the sixth was occupied by an old empty cartridge case which had become blocked. The six chambers could be fired in succession by a series of pulls at the trigger without recocking, but the weapon had not what is known as a "rebounding lock"—i.e., one which cocks itself as soon as the bullet is discharged. The chambers could only be rotated by either pulling the trigger or raising the hammer with the finger or thumb; they did not rotate automatically, so that, after a shot had been fired, the empty cartridge case alone lay in a line with the barrel, and no bullet could be fired until after the revolution of the chambers brought a loaded cartridge into position. Except when cocked, it required a very strong pull at the trigger to fire the weapon; each shot demanded a distinct effort and the exercise of some strength. In the room was found a box containing sixteen cartridges, each of which fitted the pistol; the bullets were about one-third of an inch in diameter.

An inquest was held on Nov. 18th and adjourned, to enable medical evidence to be called. On Nov. 20th Mr. Parrott and Mr. Hathaway proceeded to make a post-mortem examination, and their attention was at once directed to a wound in the back of the left shoulder, which had passed unnoticed by them when first called to the deceased. After a partial examination of the body, Mr. Parrott applied for leave to obtain further assistance, and, at his request, I completed the post-mortem examination with the assistance of himself and Mr. Hathaway. The deceased was a man of middle height, broad-shouldered, rather stout, and heavily built. The scalp presented two small contused wounds, such as might have been caused by falling against any hard blunt object; one of these was situated on the forehead, the other near the occipital protuberance. The calvaria was normal, as was also the brain. The extremities were in a natural condition; the viscera were generally healthy. The following wounds were found:—

No. 1. In the left cheek, in a line with the canine tooth, was a bullet wound. The aperture in the skin was oblique so as to indicate that the bullet had entered in a direction from right to left as well as from before backwards. The superior maxilla had been shattered, the missile passing beneath the malar bone and lodging against the mastoid process, deep amongst the muscles of the neck. The face for some distance around the aperture of entry was blackened by powder, but the hair was not singed as though the pistol muzzle had been placed in actual contact; it might well have been held at a distance of several inches. No. 2. Immediately beneath the left clavicle, two inches to the outer side of the nipple line, was a perfectly clean-cut circular bullet wound of entry. The wound was in a direction almost directly backwards, but a little downwards, passing above the first rib towards the scapula; the bullet was found lying in the substance of the subscapularis muscle. In connexion with this wound there had been most extensive and abundant hæmorrhage, and the blood had been driven far and wide into the surrounding tissues, extending along the brachial plexus, and under the sterno-mastoid as high as the submaxillary triangle, backwards into the subscapular region, and forwards beneath the pectoral muscle. Evidently there had been a large vessel wounded, and in the subclavian artery, in the track of the bullet, was found a sharply cut hole such as would be caused by a missile of the nature discovered. The fact that there had been some dissection of the parts before I found the injured vessel alone prevented me from coming to a definite conclusion that the hole had certainly been caused by the bullet; nevertheless, I felt but little doubt in the matter. The skin around this wound was not blackened, and bore no traces of powder marks. No. 3. On the left side of the chest, two inches to the outer side of the nipple, and about half an inch below its level, was a bullet wound of entry. This wound was not circular, but oblique, indicating an entry of the bullet from above and behind, as well as in a general direction from left to right. As the arm lay by the side a probe could not be introduced further than through the skin, and it was not until the arm was raised to a right angle or more from the trunk that a probe could be passed into the thorax. It was then found, on reflecting the skin, that the fourth rib had been cleanly punctured by the bullet in an oblique manner. On removal of the sternum the anterior mediastinum was found full of blood—to use the words of Mr. Hathaway, "the thorax was fairly swamped with it." In the anterior surface of the pericardium were two torn holes, and its cavity also contained a quantity of blood. An examination of the heart showed that the bullet had struck the right ventricle on its anterior surface close to the septum and near the apex, that it had entered the cavity of the ventricle, and that being roughened and flattened by its transit of the rib, and by the same means having its velocity lessened, it had not made a clean-cut aperture of entry and exit, but had ploughed up and torn away the muscular substance in its course, thus allowing a very free exit to the contained blood. The bullet had then traversed the diaphragm, and was found a little to the right of the ensiform cartilage in the left lobe of the liver and close beneath the abdominal wall. The general direction of this wound was *from left to right, from above downwards, and from behind forwards.* The aperture in the skin, the axis of the entry and of the exit wounds in the rib were also in a similar direction, and there was every reason to believe that the bullet had not materially deviated from the direction in which it was fired. Further, it was evident that at the moment the wound was inflicted the arm must have been raised from the side to a considerable extent, for not only did the skin wound not correspond with that in the deeper structures unless the arm was so raised, but had the arm been by the side at the time the wound was inflicted it is certain that a bullet entering two inches to the outer side of the nipple and half an inch below its level must have passed just *below the fifth rib* or even lower, whereas in this case the fourth rib had been wounded. The skin around the wound was neither scorched nor blackened by powder.

It is evident from the position and direction of this wound that to be self-inflicted the weapon must have been held in the *left* hand of the deceased. No. 4. In the back of the left shoulder, on a level with the first dorsal vertebra and three inches from the spinal column, was a bullet wound of entry. It was perfectly circular in shape, and a probe could be passed along the wound in a direction *practically directly forwards, but with the very slightest tendency upwards* as far as a point immediately beneath the skin in the front of the neck; here the bullet had lodged. The wound traversed soft tissues alone, being confined to the thick and fleshy part of the base of the neck; no important structures had been injured. It was evident that the weapon that had inflicted this wound had been pointed almost *directly forwards* from behind the back of the deceased, for the entry wound was circular, and the bullet had struck nothing that could cause it to deviate from its course. The skin around the wound was blackened by powder to a considerable extent.

The clothes worn by the deceased at the time of his death were drawers, shirt, and flannel jersey; they had all been washed before I inspected them, but not before they were examined by Mr. Parrott. Only the shirt and jersey presented any signs of injury by bullets. At the back of the left shoulder, in a situation corresponding with wound No. 4, the shirt presented a ragged, singed hole, the size of a five-shilling piece; a corresponding but smaller hole was found in the jersey. The marks of powder were limited to the edges of the hole in the shirt; there was no scattering of powder granules around. Bullet holes corresponding in situation to the wounds No. 2 and 3 occurred in both the shirt and jersey. Each of these holes when seen by Mr. Parrott on the night of the death of the deceased were small and sharply cut, but owing to the scrubbing at the wash had become rather ragged, and enlarged to the size of a threepenny piece. The shirt for several inches around each of these holes was thinly dotted with powder marks, widely scattered in an irregular fashion. There was, however, no burning or blackening.

In order to satisfy myself as to the distance at which these shots had been fired, I procured eleven of the cartridges found in the room where the deceased had died, and with them, and a pistol of exactly the same make as that which had been found beside the deceased, I fired experimental shots at distances varying from actual contact (with a piece of shirting and flannel, which were then thoroughly washed) to a distance of two feet. As a result of these experiments I concluded that: (1) Wound No. 4 had been inflicted with the pistol at a distance of about an inch or so from the shirt, and that the muzzle had not been actually pressed against the back; (2) wounds No. 2 and 3 had been inflicted with the pistol muzzle at a distance of about one foot from the shirt, and certainly not less than six inches.

My next endeavour was to determine if possible the sequence of the wounds. With regard to Nos. 1 and 4, I did not find anything sufficiently definite to warrant me in forming an opinion on this point. Wound No. 2, however (below the clavicle), had almost certainly been inflicted before that of the heart, for the force with which the blood had evidently been pumped into the tissues argued that at the time this shot was fired the heart was acting vigorously and the arteries were distended with blood, neither of which would have been the case after such a wound of the heart as I have described.

Next, as to the immediate cause of death. There was nothing immediately dangerous to life in either of the wounds in the face or shoulder. The amount of hæmorrhage in connexion with the wound below the clavicle, coupled with the certainty that a large vessel—almost without doubt the subclavian—had been injured, pointed to the conclusion that this wound of itself was dangerous to life and one which might well cause death from loss of blood. But the heart wound was without doubt the one of all the four most likely to kill. Considering, therefore, the torn nature of the wound, the ease with which blood could be poured out, and the vast quantity of blood found within the thorax, I concluded that either from the shock to the heart, from direct loss of blood, or from interference with the cardiac action by the pressure of the effused blood, or from a combination of all these, life could not be prolonged beyond a couple of minutes.

Having then considered the facts already detailed, it became necessary to consider whether the wounds were suicidal or homicidal. And first of all, putting aside for the time the wound in the shoulder, was it *possible* for the deceased himself to inflict the other three wounds, Nos. 1, 2, and 3? The first point to consider was whether, after the amount of injury inflicted by two of them, a man would yet have power left to fire the third shot. I have already stated that, in my opinion, the heart wound had been inflicted *after* that below the clavicle, and that there was nothing in the face wound whereby I could say in what relation it stood to any of the other injuries in point of sequence. But, naturally endeavouring to reconcile the injuries to the theory of suicide, I found no difficulty in allowing that the face wound also might have been inflicted before that of the heart, and thus the heart wound would be placed last of the three. This was evidently the most favourable arrangement if the case were to be proved to be one of suicide, for it did away with the necessity of supposing that an old man, after having fired one shot through a large vessel and another through his heart, inflicting such a wound as I have described, should yet be able to fire a third bullet into his face,—a supposition that appeared to me impossible of acceptance, and one which fortunately there was no reason to adopt in order to admit of the suicidal character of the injuries. Assuming, therefore, that the shots had been fired in the order of—1st, the face wound; 2nd, the wound below the clavicle; and 3rdly, the heart wound, I felt that, although highly improbable, it was yet not impossible for all three to have been self-inflicted. But an examination of the clothing placed things in a different light. I have already said that I had arrived at the conclusion that shots Nos. 2 and 3 had been fired at a probable distance of a foot, certainly at a distance of not less than six inches. But if anyone will take a revolver in his left hand, with his finger on the trigger, and place the muzzle in such a position that it shall point at a spot two inches outside the nipple-line and half an inch below that level, in a direction from left to right forwards and downwards, he will find that the muzzle cannot be separated more than an inch or two from the side. And then it must be remembered that any loose clothing, like a shirt, would also be pulled away from the body by the lifting up of the arm to at least a similar distance, so that it becomes impossible to get the muzzle of the weapon appreciably separated from the clothing. Was there, then, any other way of holding and firing the pistol so as to inflict this wound and yet to keep the muzzle at a distance of a foot or a little less from the body? I could find none; for although it is possible to fire a shot into the side by pulling the trigger with the thumb, yet, putting aside the improbability of such a proceeding, I found that if the elbow was raised to a level with the shoulder, as was the case when the wound in question was inflicted, then it was not possible to point the weapon in the necessary direction whilst keeping the muzzle at the requisite distance. The weapon had certainly not been discharged at arm's length, for, at a distance of two feet, the powder did not mark the shirt at all. These points can scarcely be thoroughly appreciated except with a pistol in the hand. Considering, then, the position and direction of the heart wound, together with the entire absence of burning or singeing of the shirt, and feeling certain that the weapon must have been held in close contact with the chest if the wound were suicidal, I arrived at the conclusion that the deceased himself had certainly not fired the shot through his heart. Having, then, considered the possibilities of the self-infliction of the three wounds in the front of the body, I will now turn to the wound in the back (No. 4). I have already shown that this must have been inflicted with the pistol in near contact and with the muzzle pointing directly forwards. Neither Mr. Parrott nor myself was able to place the pistol in anything like the position necessary for the infliction of such a wound on our own persons. Others who tried were similarly and completely unable; and, putting aside the gross improbability of such a wound being intentionally inflicted, I felt justified in saying that a stout and heavily-built man, even in his death-struggle, could not possibly cause the injury in question, and that the wound could not have been inflicted so long as the weapon remained in either hand of the deceased. I think this conclusion will be sufficiently evident to anyone who, like the twelve jurymen, tries to perform on himself the feat of placing and holding a pistol in the necessary position, more particularly if with his finger on the trigger. So far, then, I had arrived at the conclusion that two out of the four wounds were certainly not self-inflicted; and if they were not suicidal

the natural inference was that neither were the other two—the presumption being that the same hand had inflicted all four.

The next point to consider was the probabilities in favour of or against the theory of suicide which presented themselves to a medico-legal witness. First, was the deceased a man likely to make a desperate attempt upon his own life? The only evidence in support of such a theory was a statement by the prisoner to the effect that her husband had injured his head five years ago, and had complained of headache at various times since. In controversion of this Mr. Parrott, whose assistant had attended deceased at the time of the said accident, informed me that the injury had been a trifling one, and that, although he had himself frequently attended the deceased during the past few years for slight ailments, he had never heard him complain of his head, nor had he ever noticed any difference in his manner. The suggestion made by the prisoner was that her husband had been suddenly seized with a fit of mania, and that in this fit he had committed suicide. Now, I am quite prepared to allow that there is frequently no adequate cause to be found for suicide in cases where this crime has undoubtedly been committed, yet it is a most extremely rare thing for a man to reach the age of sixty-five years without at any time showing the least tendency towards mania or delusions, and then to be seized with a most sudden attack of frenzy, for it must be remembered that so late as an hour before his death he was well and strong, cheerful and happy. Then were the wounds, taken together, such as would be likely to be self-inflicted? I thought they were not, and for the following reasons:—1. It is extraordinarily rare to find so many as three or four wounds in cases of suicide, and the extreme diversity of their situation argued against the self-infliction of all of them. The man was certainly quite sane as lately as an hour before his death. If the wounds were self-inflicted, then this was one of the most determined cases of suicide on record. 2. The amount of injury caused by the first two wounds on the front of the body of the deceased rendered it in the highest degree improbable that he should fire yet another shot, not to mention the wound in the back. The pain and shock caused by the infliction of a single wound such as that which shattered the upper jaw would almost certainly satisfy most suicides unless they were absolutely mad, and another injury, with great loss of blood, such as that caused by wound No. 2, would more than double the improbability of the wilful infliction of a third wound. 3. The position and direction of the wounds were greatly opposed to the theory of suicide. Wound No. 1 had entered the face from right to left, and though it might possibly have been fired by the left hand, was presumably, if suicidal, inflicted with the right. Wound No. 3 could only have been inflicted with the left hand, a condition of things which argued a change of hands during the infliction of the injuries. Then, it is a most unusual thing for a man naturally right-handed, as was the deceased, to use a weapon of any kind with the left hand, and it will be remembered that if the pistol was under his pillow, as stated by his wife, it lay ready to his right hand. Again, the heart wound (No. 3) was in such a situation and direction as to make it extremely awkward and difficult for it to be self-inflicted under any circumstances. A man about to kill himself does not hold the weapon in such a position; for, if anyone will try holding a pistol against his side at the spot I have already indicated, pointing forwards and downwards, he will find his hand is rendered so powerless by the constrained attitude that he will have difficulty in pulling the trigger at all. But if, in addition, the previous shot had wounded the subclavian artery of the *left* side, as was almost certainly the case, the improbability of the *left* hand being used to fire the pistol is greatly increased. Every surgeon knows the numb and powerless feeling that follows on a sudden stoppage of blood to a limb. In allowing, therefore, the possibility of the self-infliction of all three of the above wounds, I felt that I had given the prisoner the benefit of whatever doubt existed, I could not conscientiously say that such infliction was at all probable. 4. The condition of the clothing around wounds Nos. 2 and 3 was adverse to the theory of suicide. Putting aside the possibility of holding the pistol at a distance whilst inflicting the heart wound, it is a well-known fact that suicides almost invariably hold the weapon in close contact with the body. If a man wishes to kill himself he does not hold the weapon at a distance of a foot; yet this was the most probable distance at which the weapon had been fired. 5. A fifth bullet which had been fired had missed the deceased, and was subsequently picked up in the bedroom. It is an extremely unusual thing for a man to completely miss himself when trying to commit suicide with a revolver.

At the trial the question naturally arose, "Could the wound in the back have been inflicted by accident?" First, could it have been caused during a struggle between the deceased and his wife for possession of the weapon? The evident reply to this was that it could not be so inflicted unless the wife herself had possession of the pistol (I have repeatedly insisted on the impossibility of its infliction so long as the weapon was in either hand of the deceased); and granted that she had possession of it, there was nothing in the character of the wound itself to give information as to whether the finger that pulled the trigger had pulled it accidentally or otherwise; it did not appear to me to be a question for a medical witness at all. Nevertheless, it is evident that the improbability of such a wound being accidental is very great, considering what must have been the position of the pistol. And it must be remembered that in none of her statements did the prisoner say that there had been a struggle, or that she had ever obtained possession of the weapon, or that a shot had been fired whilst she tried to stop her husband from killing himself. The next suggestion of the learned counsel for the prisoner was that after the deceased had fired the three wounds on the front of the body and face he dropped the pistol, and then falling backwards on to it, the cartridge exploded and the wound in the shoulder was inflicted. I declined to say that such an accident was absolutely impossible, but it was most improbable, for the deceased was found *lying on his face*, not on his back. And then in order to inflict such a wound it was evident that he must fall on the upright muzzle of the pistol balanced with its butt against the ground, for as the weapon lay flat on the floor the wound in question could not possibly be inflicted. Then there was another and almost insuperable objection to the possibility of such an accident, which, however, I omitted to mention in the witness-box. The revolver was not a "self-cocking" one; it had not a "rebounding lock." If, therefore, it had been dropped after the infliction of the heart wound, without being recocked, it could not explode, for, until recocked, or until the trigger was pulled, the empty cartridge case of the bullet last fired alone lay in contact with the barrel. In order to bring up a fresh cartridge it was necessary to "revolve" the cylinder containing it by cocking or pulling the trigger. Was it likely that the deceased, after inflicting three serious wounds—one at least fatal—would recock the pistol, drop it, and then fall so as to cause it to explode and inflict the wound in question? Most unlikely, even if not impossible, it seemed to me, especially if it be considered that had he wanted to fire another shot he could have done so by pulling the trigger without recocking. Lastly, the condition of the clothing over the back wound negatived this supposition; for I have already stated that it did not seem probable that the weapon had been fired whilst pressed close against the back, as would have been the case if the deceased had fallen on the muzzle of the pistol. Thus no sufficiently plausible explanation could be found in support of the accidental infliction of wound No. 4.

I have now detailed in full the whole of the medico-legal facts bearing upon the case, and have endeavoured to place before the profession the evidence, as far as Mr. Parrott and myself are concerned, upon which the prisoner was convicted of murder. I have no intention of dealing with any of the other evidence adduced at the trial. For my own part, I may say that a very anxious and lengthy consideration of the circumstances of the case in all its bearings fully convinced me that it was one of homicide, and I found myself quite unable to reconcile the facts with the theory of suicide. Whether or no the medical evidence, taken in conjunction with the other circumstances of the case, was sufficient to justify a verdict of "Guilty" is not for me to settle, but that verdict was one in which the presiding judge entirely concurred.

The case has excited much public interest, and many persons have expressed their doubts as to the correctness of the conviction. I think these doubts are readily explained. The position and direction of the wounds demonstrated by Mr. Parrott and myself on a plaster bust to the judge and jury, the explanation of medical points whose importance it

was not easy to grasp, was not the kind of evidence likely to be faithfully and correctly reproduced by the newspaper reporters. The consequence was that the most absurd statements were put into the mouths of the medical witnesses, and in no paper that I read did my own evidence occupy more than a dozen lines; indeed, one journal which devoted two entire leaders to the case, and especially to the medical evidence, did not report a single word uttered by myself in the witness-box. Now, personally, this is a matter of entire indifference, except that it has exposed me to the attacks of innumerable correspondents, and before I leave the matter I would merely say that had I been one of the general public, I should certainly have felt some of the dissatisfaction which found vent in the press, though I think also I should have had sufficient confidence in "trial by jury" to rest assured that there was more evidence than appeared on the surface.

But while I am not surprised at the feeling expressed by the reading public, I confess I had felt pretty confident that members of my own profession would withhold their condemnation, if not their opinion, until they were in possession of the real facts of the case, and I am only sorry to find I have been mistaken. There has apparently been a prevailing impression, gathered whence I know not, that in order to prove the case one of suicide it is necessary to presuppose the ability of the deceased to fire other shots after the wound in the heart. If anyone will refer to what I have written, he will find that there is no necessity for anything of the kind. Well, with this idea apparently fixed in their minds, numerous correspondents have detailed at length, as singular and extraordinary, cases in which a man has lived for a variable time, and possessed the power to perform various actions after a heart wound. They also kindly conclude that the medical witnesses did not realise the possibility of such an occurrence. Now, the very fact that these numerous writers each considered his own case a singular one showed very plainly that the ignorance was on their side, for every surgeon is, or should be, aware that the cases of heart wounds that have not proved immediately fatal may be counted by dozens, not by units, and, further, that complete recovery may ensue after such injuries. Lastly, the same class of correspondents, most, I am glad to say, not in the medical profession, speak of all heart wounds in general, and assume that because one may not be immediately fatal therefore all the others may run a similar course,—a deduction which is simply absurd. But it is not a material point in the present case whether the heart wound was immediately fatal or no, and there appears to me to be no reason for raising a discussion on what is simply a side question.

In conclusion, I may say that I should be very glad if this report induces those who have had greater experience than myself in medico-legal work to express their opinions on the result of the trial and on the many points for consideration presented by the medico-legal aspect of the case. For my own part, I may say that I shall be happy to furnish any other information in my power.

*** Although Mr. Bowlby declines to implicate Mr. Parrott by any of the statements contained in his elaborate account of the medical bearings of the Uxbridge tragedy, one cannot fail to recognise in the report a general and inclusive defence of the position taken by these gentlemen at the recent trial of Elizabeth Gibbons. It is neither our wish nor intention to go behind the facts given by Mr. Bowlby with such minuteness of detail, we had almost said with reiteration, but to some of his deductions and "presumptions" we now, as heretofore, respectfully but decidedly take exception. On the question of motive there seems a complete absence of anything that could reasonably be considered adequate to the act, unless it be the impulse of a disordered brain, no longer under the governance of the will; in which case, be the result suicide or homicide, the person who committed the crime could not be held responsible for it. Previous to the fatal night there does not appear to have been noticed in either Mr. or Mrs. Gibbons such moral or mental obliquity as to furnish reasonable suspicion that either of them contemplated the arbitrament of the revolver. It then becomes necessary to look further afield for some indication of the direction in which the probabilities lie, and on this head it transpires that the deceased belonged to a family in whom at least one individual is said to have evinced suicidal tendencies. We are willing, if Mr. Bowlby desires, to admit that "the injury to the head which Mr. Gibbons had suffered some five years previously could not be proved to stand in causal relationship to a sudden outbreak of insanity," although the history of medicine contains not a few instances in support of the assumption that it might. On a review of the antecedents of the deceased and the convict we fail to see that the latter was the more likely of the two to be the victim of an impulse or desire to destroy life. Thus much for motive. Now as to the alleged sixfold variation in the statements of Mrs. Gibbons, with regard to the nature and sequence of events that happened between the firing of the first shot and her impassioned appeal to her neighbours for help. Can it be contended for one moment that discrepancies ought not to arise? It would be an interesting psychological study to contemplate the varying moods of a mind distraught with grief for an irrevocable deed of blood, harassed by fears for the future of life, and tossed in the eddy of perpetual unrest. Is it to be wondered at, then, that the knowledge of what took place in those eventful moments should be confused in the disturbance of mental equilibrium, consequent on the experience of such a disaster? And yet Mr. Bowlby sees reason for drawing conclusions unfavourable to Mrs. Gibbons on account of her verbal inconsistencies; at the same time that he seeks in her silence as to the occurrence of a struggle further signs of her guilt. It is possible to weaken an argument by proving too much. We do not say that the story and demeanour of an accused person on different occasions are valueless when estimating the likelihood of innocence or crime; but we unhesitatingly assert that the system under which such a person is interrogated and otherwise examined in this country is a burlesque on common sense and a travesty of justice. Concerning the bullet wounds, Mr. Bowlby says that Nos. 1, 2, and 3 were possibly suicidal, and No. 4 was possibly accidental, though it could not have been self-inflicted. We may at once say that we accept this interpretation as correct. The fact of the fifth shot missing the body of the deceased goes for little, since that can easily be accounted for by its being diverted from an intended course during a struggle, or fired aimlessly by the victim already in the throes of death. The grounds for Mr. Bowlby's belief that the subclavian artery was wounded before the heart consist mainly of the fact that a quantity of blood was pumped into the tissue surrounding the track of the third bullet. There is some cogency in this reasoning. At the same time it must be borne in mind that the heart acted with vigour for several strokes after the perforation of the left ventricle, for we learn the anterior mediastinum was filled, and the chest "swamped with blood." We doubt if the hæmorrhage from the subclavian artery would be sufficiently sudden and profuse to prevent, through numbness of the hand, a further shot being fired. The all but certainty that the barrels were discharged in rapid succession must not be lost sight of when estimating the probabilities as to the order of events, and the question of homicide or suicide. It is beyond cavil that a series of fatal wounds may be self-inflicted, even though weapons have to be changed from one hand to the other, for the immediate shock of the injury is inversely proportionate to the mental excitement or determination, as witness the records of military surgery. The experiments devised by Mr. Bowlby for the purpose of forming an opinion of the distance at which the shots were fired were well directed, but, to our minds, the disturbing elements were too great to warrant more than an approximate estimate. To arrive at anything definite, a much more extended and varied series of operations would be necessary. Mr. Bowlby substantially repeats that we have fallen into

the error "that in order to prove the case one of suicide, it is necessary to presuppose the ability of the deceased to fire other shots after the heart was wounded." Our answer to the indictment is to be found in THE LANCET of Jan. 3rd, p. 40. In conclusion, we may say generally that we still think there is a reasonable doubt whether the act whereby Mr. Gibbons lost his life was one of deliberate murder, impulsive homicide, justifiable homicide, or suicide. The great difficulties encountered in the investigation amply justified the public and the profession in opposing the doctrine of infallibility of the medical witnesses.—ED. L.

THE OUTBREAK OF CHOLERA AT YPORT.

THE precise details of the outbreak of cholera at Yport in October and November last are of especial interest, because the cases which took place there were the nearest ones to this country of those which occurred during the widely spread epidemic of 1884. Several different versions have been given as to the cause of the outbreak, and hence Dr. Gibert of Havre, who was officially appointed to investigate the outbreak and to take measures to prevent its spread, has now placed a complete history of the circumstances on record. On the 7th of September the *Louise-Marie* entered the port of Cette, having had no cases of sickness on board during the voyage from Newfoundland. The crew, on landing, committed excesses and contracted cholera, two of the cases terminating fatally in Cette. Although seven others had suffered from specific cholera, the captain allowed the crew to leave and to traverse France by rail without taking any precautionary measures whatever. One, being attacked with cholera during the journey, was taken out of the train at Tarascon, where he died, but his baggage went on. The remainder reached Fécamp, where their clothing and effects would have been submitted to an efficient disinfection by sulphur fumes had it not been that the Sister of Mercy in charge of the stove prepared some useless compound instead of using the unmixed sulphur. Two of the crew arrived at Fécamp on Sept. 28th. One, named Bazile, had suffered from an attack of cholera at Cette, and next day he, with the assistance of a sister-in-law and brother, wrung out his clothes &c. in water, the dirty liquid being allowed to run away down the street for a distance of fifty metres. On the 4th of October the sister-in-law, named Candelier, though suffering from diarrhœa, washed the same articles, and on returning from this task was seized with marked symptoms of cholera and died in a few hours. On the 8th of October another woman, Lemonnier, was also seized, and died rapidly. Seven persons were attacked and died between Oct. 5th and 22nd, and it was only at this date that the circumstances were made public, and that Dr. Gibert received instructions to visit Yport. Dr. Gibert's description of Yport confirms all that has been said of this dirty little place, with its narrow streets and lanes, its dwellings with mud floors, rather resembling caves than houses, and its general state of sanitary neglect. Every effort was at once made to prevent extension of the disease, by shutting up and disinfecting infected premises, burning bedding and clothes, isolating the sick, and adopting measures of cleansing. One woman who had nursed a fatal case at Yport conveyed the disease to Mont Perthus, near Fécamp, and some five kilometres from Yport, but complete isolation of the case prevented any further spread. In all there were forty-two cases, of whom eighteen died and twenty-four recovered.

Dr. Gibert is anxious throughout his description to show that the disease was neither aerially communicated to Yport nor due to spontaneous origin, and he arrives at the conclusion that the infected articles brought by the sailor Bazile were the immediate cause of the outbreak, the effluent water resulting from the process of washing them having in the main communicated the disease down the street. Yport appears to contain every element for the propagation of an infection such as cholera when once brought in; and it says much for the organisation established that the spread was a comparatively limited one. Water appears to have had nothing to do with the propagation of the disease, but this was so only because no one in Yport ever drinks water.

One other point of interest is adverted to. It is evident that the outbreaks, both in Toulon and Paris, have by certain persons in those cities been regarded as of a local character or as due to aerial contamination. Dr. Gibert, however, points out that in such populous places it is impossible to exclude with certainty all sources of importation, and that it is rather in small villages, like Yport, that undeniable evidence as to the method of the propagation of such a disease as cholera is likely to be met with. Pointing, then, to the connexion of the Yport outbreak with infected clothing, he calls attention to the circumstance that the baggage of the man whose journey was arrested by his fatal attack at Tarascon was allowed to remain amongst the other luggage in the train, &c., and ultimately found its way to the Lyons terminus in Paris. Was the baggage of this cholera infected man the means of conveying the disease to the capital? he asks. All such sources of infection must certainly be excluded before it can be admitted that air, after traversing nearly the whole of France without producing any mischievous results, could have communicated infection to Paris.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

A SPECIAL general meeting of the Fellows will take place on the 10th instant, in order to consider the proposed alterations in the Supplemental Charter and Bye-laws of the College. The proposed amendments refer to the casting vote of the chairman of a meeting in case of an equality of votes, to the granting of diplomas to women, and the mode of electing examiners. In connexion with the latter, the Council has considered the propriety of cancelling the words of Clause 11 of the Charter, which prohibit professors and lecturers from being examiners. Upon the recommendation of the Education Committee it has been resolved to remove the prohibitory words, and, in order to provide for a more frequent change in the *personnel* of the Court of Examiners, and to obviate any danger of a preponderating influence of any school being established in the Court, has adopted the following Bye-law in substitution for those now in force, as to election and tenure of office of examiners:—

"Examiners shall be elected for one year, either as Surgical, Anatomical, or Materia Medica and Chemistry Examiners. On the first Tuesday in May the Council shall elect examiners to examine candidates for Fellowship and Letters Testimonial; also examiners to examine candidates for the diploma in Midwifery; and examiners to examine candidates in general education. No person who is engaged in private teaching shall be eligible as examiner, and if any examiner shall engage in such teaching it shall render his election null and void. No examiner shall hold office for more than three consecutive years, nor be eligible for re-election until after the lapse of one year."

The Council has also adopted the following resolution:—"Not more than two teachers connected with any one school or hospital shall be eligible to obtain seats on the Board of Examiners."

MAHOMED MEMORIAL FUND.

THE following additional subscriptions have been either received or promised:—

	£	s.	d.
Anonymous	5	0	0
Dr. Arminson	1	1	0
Dr. Birt	1	1	0
Dr. Bowles	5	5	0
Dr. Thurston Bassett ...	1	1	0
Dr. Brabazon	1	1	0
Dr. T. Bridgwater	10	10	0
Edward Cock, Esq.	5	5	0
A. E. Cumberbatch, Esq.	5	5	0
E. S. Dashwood, Esq. ...	1	1	0
Mrs. De Vaynes	2	0	0
Miss De Vaynes	2	0	0
A. D. E.	1	1	0
Charles Fagge, Esq.	1	1	0
J. A. Fraser, Esq.	2	2	0
Sir Thomas Gabriel, Bart.	5	0	0
R. J. Godlee, Esq.	5	0	0
[1]W. D. Husband, Esq. ...	10	10	0
Dr. Alfred Kershaw	1	1	0
W. A. Lane, Esq.	2	2	0
L. S. A.	1	1	0
Dr. Marcet	3	3	0
Dr. G. Oliver	3	3	0
E. H. P.	1	1	0
John Poland, Esq.	2	2	0
"A Painter"	2	0	0
James Purdey, Esq.	1	1	0
— Prubyn, Esq.	5	5	0
Mrs. Powell	1	1	0
Dr. F. T. Roberts	3	3	0
Charles J. Stewart, Esq. ...	1	1	0
Mrs. Sedgwick	3	0	0
Lumley Smith, Esq. ...	5	0	0
James Startin, Esq.	1	1	0
G. W. Sibley, Esq.	5	5	0
H. T. Sells, Esq.	1	1	0
Dr. Frederick Taylor ...	15	15	0
J. Knowsley Thornton, Esq.	10	10	0
W. Travers, Esq.	2	2	0
James Wilson, M.D. ...	1	1	0
Percy Warner, Esq.	2	2	0

ARTHUR E. DURHAM, Treasurer.
JAMES F. GOODHART, W. H. A. JACOBSON, } Secretaries.

[1] Accidentally omitted from previous list.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Taunton.—The special report on the Taunton sanitary hospital goes to show that this institution continues year by year to gain the appreciation of the public, and that there is not merely a great increase in the number of patients admitted, but that there has been a considerable increase in the number of paying patients. During the previous three years the average number of admissions was 53; in the past year it was 127; the diseases including 46 cases of scarlet fever, 71 of diphtheria, and 9 of enteric fever. Under Dr. Alford's supervision this hospital, which has been provided by the urban and rural authorities jointly, has done a vast amount of good in preventing the spread of infection, and the cost of its maintenance has unquestionably prevented other, if not greater, expenditure.

West Sussex.—The report for the combination of sanitary districts for which Dr. Kelly acts as medical officer of health is necessarily a bulky one. The area covers about 524 square miles, and contains a population not far short of 100,000. The general death-rate in 1883 was 14·8 per 1000, Horsham standing at one extreme with a rate of 12·7, and Petworth at the other with 18·0. The infantile death-rate is small, the rate for children under one year amounting to only 88 per 1000 births, as opposed to a corresponding rate of 137 for England and Wales generally. The zymotic rate is also low, standing as it does at 1·4 per 1000 living. An interesting account is given of an outbreak of small-pox in the Midhurst Union and of the measures of prevention which were adopted. There were originally two centres of infection, the disease having been contracted in connexion with rag-picking. Failing adequate hospital provision, Dr. Kelly in each case took one of the infected cottages and used it as an isolation hospital, vaccination and temporary isolation being enjoined on those who were hitherto not infected. Of those who were revaccinated none contracted the disease although some assisted in the care of the sick. But all were not vaccinated, and since some extension of the disease occurred, a tent hospital encampment was rapidly organised on Stedham Common, the result being that by the aid of these measures the outbreak was stamped out. The details given under the headings of the various districts show that a large amount of useful sanitary work is in progress, and for the information of skilled observers very complete meteorological and other observations are set out in detail.

Fulham.—The Fulham district has an estimated population of 138,000 inhabitants; the birth and death-rates during 1883 were respectively 36·3 and 18·9 per 1000 living. No small-pox occurred in the district during the year. Scarlet fever caused 43 deaths, and 56 cases were removed to the Western District Hospital. It is estimated that 860 cases occurred, but only 172 were known to the sanitary authority, and in those cases only were they able to carry out measures of disinfection. During 1882 there was no typhus in the district, but in 1883 36 cases came under notice, most of them being connected with the outbreak which occurred at Nazareth House, and which we commented on at the time. Amongst the points needing further sanitary action are—the removal of piggeries, some 500 of which are in places unfit for such purposes; the completion of new regulations as to houses let in lodgings; and the provision of a suitable mortuary.

Malton Rural District.—Dr. Young reports the occurrence of a diarrhœal outbreak amongst the consumers of a certain water-supply which was derived from a well to which soakage from manure was found to have access. In connexion with certain occurrences of diphtheria, typhoid fever, &c., improvements have been effected as to privies, the disconnexion of sink-pipes, &c., and impure water-supplies have been stopped. The annual death-rate for 1883 was 14·8 per 1000.

Willesden Urban District.—This increasing suburban district had in 1883 the lowest death-rate since its formation—namely, 15·4 per 1000 living. Diarrhœa caused some special mortality in the autumn, and Mr. Branthwaite looks to regulations as to houses sub-let in lodgings for the removal of some of the more obvious conditions which led to the prevalence. Cases of small-pox, scarlet fever, and enteric fever were isolated in hospital, but the sanitary authority are again pressed to secure a site on which a suitable hospital, adapted to the circumstances of the district, may be erected. The cow-sheds, slaughter-houses, bake-houses, and premises used for the manufacture of food have all received special attention during the systematic inquiries which have been made. A mortuary for Kilburn is a pressing want; and a scheme of drainage, for which a loan has been secured, remains to be carried out.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 6387 births and 4195 deaths were registered during the week ending the 3rd inst. Both these numbers considerably exceeded the average numbers during the year, the excess being in great measure due to arrears of registration from the previous week. The annual death-rate in these towns last week was equal to 25·0 per 1000, against rates decreasing from 24·4 to 20·2 in the preceding four weeks. During the thirteen weeks ending the 27th ult. the death-rate in these towns averaged 21·4 per 1000, against 23·0 and 21·2 in the corresponding periods of 1882 and 1883. The lowest rates in these towns last week were 20·0 in Plymouth and Huddersfield, 21·2 in Portsmouth, and 21·4 in Derby. The rates in the other towns ranged upwards to 29·3 in Newcastle-upon-Tyne, 32·5 in Preston, 32·9 in Norwich, and 34·6 in Cardiff. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 398 and 311 in the preceding two weeks, rose again to 375 last week; these included 95 from whooping-cough, 78 from measles, 65 from scarlet fever, 36 from diphtheria, 35 from "fever" (principally enteric), 33 from small-pox, and 33 from diarrhœa. These diseases caused the lowest death-rates last week in Portsmouth and Brighton, and the highest in Leicester, Newcastle-upon-Tyne, and Cardiff. Whooping-cough caused the greatest mortality in Birmingham and Preston; measles in Leicester and Cardiff; scarlet fever in Sunderland, Halifax, and Newcastle-upon-Tyne; and "fever" in Sheffield and Norwich. The 36 deaths from diphtheria in the twenty-eight towns included 20 in London and 2 in Liverpool. Small-pox caused 58 deaths in London and its outer ring of suburban districts, and not one in any of the twenty-seven large provincial towns. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had been 1026 and 1079 on the preceding two Saturdays, declined to 1013 at the end of last week; the admissions in the week were 171, against 244 and 161 in the previous two weeks. The Highgate Small-pox Hospital contained 92 patients on Saturday ast, 15 cases having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had declined steadily in the preceding five weeks from 511 to 370, rose again last week to 537, but were 39 below the corrected weekly average. The causes of 120, or 2·9 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Bristol, Portsmouth, Norwich, Plymouth, Derby, and Huddersfield. The largest proportions of uncertified deaths were registered in Halifax, Hull, Sunderland, and Salford.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 26·9 and 29·6 per 1000 in the preceding two weeks, further rose to 30·7 in the week ending the 3rd instant, and exceeded by 5·7 the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 18·8 and 22·7 in Edinburgh and Leith, to 36·6 in Paisley and 39·0 in Glasgow. The 741 deaths in the eight towns showed a further increase of 50 upon the numbers in the previous two weeks, and included 38 from measles, 27 from whooping-cough, 14 from scarlet fever, 14 from diphtheria, 10 from "fever" (typhus, enteric, or simple), 7 from diarrhœa, and not one from small-pox; in all, 110 deaths resulted from these principal zymotic diseases, corresponding with the number in the previous week. These 110 deaths were equal to an annual rate of 4·6 per 1000, which exceeded by 2·4 the mean rate from the same diseases in the twenty-eight English towns. The 38 fatal cases of measles showed a further

increase upon recent weekly numbers, and included 30 in Glasgow, 5 in Dundee, and 3 in Aberdeen. The deaths from whooping-cough, which had been 30, 25, and 26 in the previous three weeks, were 27 last week, of which 13 occurred in Glasgow and 4 in Leith. The 14 deaths referred both to scarlet fever and to diphtheria included 9 and 6 respectively in Glasgow. Of the 10 deaths from "fever," showing a decline from the numbers in the previous two weeks, 5 were returned in Glasgow, 3 in Edinburgh, and 2 in Aberdeen. The 7 deaths attributed to diarrhœal diseases were considerably below the average. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had steadily declined in the preceding four weeks from 231 to 174, rose again last week to 203, and exceeded by 95 the number returned from these diseases in the corresponding week of last year. The causes of 125, or 16·9 per cent., of the deaths registered in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 34·1 and 26·6 per 1000 in the preceding two weeks, rose to 38·5 in the week ending the 3rd inst. During the thirteen weeks ending the 27th ult. the death-rate in the city averaged 29·4 per 1000, the mean rate during the same period not exceeding 19·8 in London and 19·7 in Edinburgh. The 259 deaths in Dublin last week showed an increase of 80 upon the number in the previous week, owing in great measure to arrears of registration from the previous week; they included 11 which were referred to scarlet fever, 7 to "fever" (typhus, enteric, or simple), 3 to measles, 3 to diarrhœa, and not one either to small-pox, diphtheria, or whooping-cough. Thus 24 deaths resulted from these principal zymotic diseases, against 18 and 13 in the previous two weeks, and were equal to an annual rate of 3·6 per 1000; the rates from these diseases last week were 2·2 in London and 1·5 in Edinburgh. The fatal cases of scarlet fever and of "fever" in Dublin last week exceeded the numbers returned in any recent week; and those of measles and of diarrhœa also showed an increase. Seventeen inquest cases and 12 deaths from violence were registered within the city, and 81, or nearly a third of the deaths, were recorded in public institutions. The deaths both of infants and of elderly persons exceeded any recent weekly numbers. The causes of 38, or nearly 15 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

CHARCOT'S DISEASE.

To the Editor of THE LANCET.

SIR,—In your report of the few remarks which I made at the Clinical Society on the subject of Charcot's disease, you credit me with having said in answer to the President that "I agreed almost completely with Dr. Pye Smith that a new disease was impossible." I did not say so. On the contrary, I said that I did not regard a new disease as an impossibility, but that there was not sufficient evidence to warrant us in regarding this as one. A new disease is a thing whose existence I should be very chary of admitting; and little short of absolute demonstration would convince me of its existence. In the present instance there is not such demonstration; and I see no valid reason for making an exception in its favour. But to say that it is impossible for a new disease to occur is a forecast into the future which I equally see no valid reason for making. Twenty years ago none of us knew anything about tabes dorsalis. When Duchenne first described locomotor ataxy, physicians did not say, "Oh! here is a new disease; such a malady never existed before." No, they only said, "Duchenne is quite right; these symptoms have entirely escaped our observation; the disease is quite different from ordinary paralysis; and it is curious that none of us observed this before." In so doing, physicians have set to surgeons an example which they might well follow.

The evidence in support of the view that Charcot's arthropathic limb is peculiar, and is essentially and causally connected with tabes dorsalis, seems to me overwhelming; but it would have been unreasonable to have expected surgeons (for naturally this condition of limb would come under the notice of the surgeon rather than the physician) to have recognised and described this peculiarity, and its essentially distinct nature, before physicians had recognised that special change in the posterior columnæ of the cord, and the resulting loss of coördinate movement, which, if Charcot's views are correct, is a necessary precursor of the local change in the limb. In other words, it was almost impossible that surgeons should have recognised the condition of limb which Charcot has described before physicians had recognised the form of paralysis which Duchenne described, and which is a necessary precursor to Charcot's disease. The fact that our museums contain no specimens of Charcot's arthropathic limb does not prove it to be a new disease, any more than the absence from the same shelves of specimens of tabes dorsalis proves that that disease did not exist before the days of Duchenne.

I am, Sir, your obedient servant,

Jan. 3rd, 1885. T. J. MACLAGAN, M.D.

TREATMENT OF INTESTINAL OBSTRUCTION.

To the Editor of THE LANCET.

SIR,—Mr. Banks has taken much unnecessary trouble in endeavouring to refute the charge implied in my letter, for, after all, his reply shows that he still looks upon Mr. Thomas as merely one of many authors who have laid down the so-called "rest, opium, and starvation" treatment in intestinal obstruction. His letter, however, has entirely acquitted him of having intentionally overlooked Mr. Thomas's claim to the exposition of these principles properly so-called, for it is quite clear that he has not read that gentleman's work, and further, that he is quite ignorant of what the Sydenham method of treatment, as laid down by him, really involves. Mr. Banks writes of the rest, opium, and starvation treatment as taught by Laycock, Christison, Miller, Brinton, Cameron, Waters, Treves, and Banks, as if they were the same as that taught by Sydenham, utterly ignoring the fact that it is the wide difference between them upon which Mr. Thomas has been the first and the only one to lay such stress.

The grand distinction between the form of treatment by modern practitioners and that of Sydenham, as revived by Thomas, is that while in the former the principles of rest, opium, and starvation are applied in name only, in the latter they are a reality; in the former they are only introductory to, or supplementary to, other antagonistic agencies, while in the latter they are insisted upon from beginning to end without qualification or modification. The authors quoted by Mr. Banks advocate plans of treatment entirely antagonistic to the Sydenham teaching. They do not believe in absolute rest. Mr. Banks himself, in support of Mr. Treves, advocates nutrient enemata. Sydenham, as quoted by Thomas, says: "A mere sugar-and-milk clyster may undo all that the paregoric has done." Mr. Banks, as a physiologist, surely knows that an enema, nutrient or otherwise, increases peristalsis not merely below, but above, the seat of obstruction, and unless he believes that increased peristalsis is consistent with rest, he is knowingly violating the very principle of rest—and why? Simply to avoid the fancied danger of starvation, for the fact that the Sydenham and Thomas method of feeding fairly maintains vitality is wonderfully borne out by Mr. Greves, who told us at the meeting of the Medical Society that the child actually gained in weight. If Mr. Banks had ever appreciated Sydenham's views of starvation, he would not have written what he has about the necessity of giving sustenance to prevent death from exhaustion. Sydenham clearly laid down that it was the pain and lesion itself which killed the patient, and not the want of food.

Enemata are not the only remedies which, though antagonistic to rest, are added to the Sydenham method in such a way as to defeat its objects. Belladonna is given with opium—its antidote. Calomel is given, and castor oil, and although I am much indebted to Mr. Banks for reminding me that the former is used as a remedy for irritability of the stomach, I fail to see what either that or the simple constipation to which he alludes has to do with the subject in hand. Even Mr. Treves, I repeat, nowhere alludes to the

Sydenham method of treatment, nor to the quality of the diet as an all-important element, permitting the safe use of opium which he advocates. If, as Mr. Banks says, Mr. Thomas did not claim originality, all I can say is that he has not claimed his due. I find on comparing their works that Sydenham taught that laudanum was essential, with control of diet; while Mr. Thomas teaches that the quality of the diet is all-important, and the sedative only supplementary.

Mr. Banks has stated his own views on the subject, and his faith in rest and opium is not too great to prevent him from saying that they "are mightily unsuccessful in really serious cases, however much they may do for those which would have got well under any treatment," which is tantamount to reducing the value of such treatment to a nonentity.

To sum the subject up, I contend that, until some authority has shown that before 1874 he has treated cases of obstruction according to the true Sydenham method *ab initio ad finem* without modification or addition, the credit of rejuvenating the true and original rest, opium, and starvation treatment is due to Mr. Thomas alone, and until the treatment he advocates has been faithfully tried by the profession it cannot be said to be the recognised treatment; and I challenge Mr. Banks, or anyone, to show the publication of any one case so treated from the time of the death of Sydenham to the first appearance of Mr. Thomas's work.

Let me say, in conclusion, that I am sorry Mr. Banks has taken such a personal view of the matter; I certainly never intended to hurt his feelings, although I fail to see with him that the fact of my being an old pupil of his should restrain me from entering a friendly protest on behalf of one whom, though not a fellow professor of Mr. Banks, I am proud to acknowledge as an old teacher.

Yours faithfully,

Liverpool, Jan. 5th, 1885. CHARLES E. STEELE.

To the Editor of THE LANCET.

SIR,—Mr. Banks correctly informed you that at the discussion on Intestinal Obstruction I laid no claim to the discovery of the physiological method of treating such ailments. True as this may be, I had come to my present opinion, and carried it out in practice, many years before I was aware that Sydenham had in a very great measure anticipated me. It was only when the present Professor of Surgery induced me to publish my views that I found that Sydenham had anticipated me, and he alone. Between Sydenham and myself a void exists, and there are no records to fill the gap. I am, Sir, yours faithfully,

Nelson-street, Liverpool, Jan. 3rd, 1885. H. O. THOMAS.

COCAINE AS A LOCAL ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—The following case may be interesting to some of your readers, as it illustrates the value of this new remedy. Having a fortnight since had occasion to divide the cervix uteri with Küchenmeister's scissors, in a woman with extremely sensitive vulva, and who refused to take an anæsthetic, I painted the entrance with a 10 per cent. solution of the hydrochlorate of cocaine five minutes before operating. It answered admirably, entirely removing the pain, and also completely relieved the spasm as much as if she were under chloroform, thus adding much to the ease of the operation.

I am, Sir, yours truly,

J. BRAXTON HICKS.

George-street, Hanover-square, W., January 2nd, 1885.

To the Editor of THE LANCET.

SIR,—A man aged eighty, with an epithelioma of the lower lip, which had been increasing rapidly for a year, consulted me as to what it was and what must be done. I immediately told him that it must be removed; but on stethoscopic examination I found he had extensive cardiac disease. Not thinking him a fit subject for chloroform, I wanted to operate without its administration, but he objected. I then thought of giving cocaine a trial; and having explained to him what I should do, he readily consented. Yesterday, December 29th, he came to my house. Having injected hypodermically three minims of a 4 per cent. solution of hydrochlorate of cocaine on each side of the epithelioma, I allowed six or seven minutes to elapse, when local anæsthesia was complete. With the assistance of my father I then operated, and during the time the man never flinched once. Afterwards on asking if he felt any pain, his answer was, "I hardly felt anything at all." He remained some little time, but we could not perceive any constitutional effects. On seeing him to-day he says he never felt better in his life, but about two hours after leaving my house yesterday he had pain for some time, which, however, passed away during the night. Had it not been for the solution of cocaine, this man would never have been operated on, and in a very short time he would have died. In cases of minor surgery when I have an opportunity of using the solution of cocaine I shall certainly do so; its simplicity and absence of risk over chloroform seem to me very great.—I am, Sir, yours faithfully,

LALANDE HAINS, L.R.C.P. & S. Ed.

Totnes, Dec. 30th, 1884.

To the Editor of THE LANCET.

SIR,—Of the value of cocaine in operations on the eye, larynx, &c., there has been abundant evidence, but I have read little of its action upon the vaginal mucous tract, and of the help it gives in dealing with painful affections of that region, and therefore I think the case I am about to relate will prove of interest. A married lady has been under my care for some time suffering from chronic endometritis, with ulceration and erosion of the os uteri and a granular condition of the vaginal mucous membrane. Digital examination is simply agonising to her, and of late, in order to use the speculum for the purpose of cauterisation, &c., it has been necessary to put her under chloroform, as it was absolutely impossible to pass the speculum, the pain and vaginismus being so great. I determined to try the effect of cocaine in the form of suppository and in solution, prepared for me by Mr. Martindale. I passed a suppository containing one grain of the muriate of cocaine well up to the os; after five minutes I painted the vaginal orifice with a 4 per cent. solution of the same drug, and after another five minutes I proceeded to pass the speculum. The freedom with which I could do this was nothing short of marvellous, and what would previously have been unbearable was borne with comparative comfort. There was certainly a little pain felt, but even this I think at a future examination I shall obviate, (1) by waiting rather longer than ten minutes for the suppository to melt, as I found on introducing the speculum some of the suppository still unmelted, and (2) by using two suppositories instead of one, the tract of mucous membrane being so large. I think it very necessary to paint the vaginal orifice with the solution, in addition to using the suppository, as the vaginismus and the consequent opposition to the entrance of the speculum into the vagina are thereby done away with.—I remain, yours very truly,

Penryn, Cornwall, Jan. 6th, 1885. JAMES BLAMEY.

THE PROPOSED NEW TEACHING UNIVERSITY FOR LONDON.

To the Editor of THE LANCET.

SIR,—I have read with much interest and no little anxiety all that has been written in THE LANCET with reference to the establishment of a teaching university in London. Sympathy with the object proposed, and desire for the success of the undertaking, are, I doubt not, common to all the members of the medical profession; and with regard to the faculties of arts and science, I have had the assurance from many quarters that there is a deep and widespread feeling that the regulations of the existing university are by no means adequate to the growing educational activity of the country. If I rightly understand the matter, the object, as far as medical degrees are concerned, is to compete with the vigorous and flourishing universities of Scotland. Now, in order to understand clearly the difficulties in the way of accomplishing this, and the dangers to be avoided, it would be well to inquire into the causes which have led to the large afflux of medical students to the northern universities, and more especially to that of Edinburgh. As I am somewhat intimately acquainted with the regulations of the universities both of London and of Edinburgh, and as the directions published in the

calendars give a very imperfect idea of the working of these regulations, I propose to point out one or two differences which have, I think, conduced to the result referred to above.

First and foremost, there is the matriculation examination at the London University, which embraces a wide variety of subjects, and which is conducted on the all or none principle with the most charming impartiality. I have known candidates present themselves three or four times for this examination, and ultimately, while passing in those subjects in which they had failed before, fail in one or two of those in which they had previously satisfied the examiners; and the same has happened, even to a greater extent, in the science and arts departments. Now, at Edinburgh the medical preliminary examination can be taken one subject at a time, if the candidate so prefers; and provided he has passed in the subjects required for registration he can proceed to attend medical classes and pass at any time during his medical curriculum in those subjects required by the university over and above what are necessary for registration, it being always understood, of course, that he is not to be admitted to any professional examination until these additional subjects have been mastered. There is no doubt that many do pass in all the subjects at once, but a very large number do not, and the latter not unfrequently surpass the former in the ease with which they grasp and assimilate the purely professional parts of their course. The two kinds of study require mental endowments of two different kinds, and it not unfrequently happens that these are not combined in the same individual. A young friend of mine, who found the greatest difficulty in mastering the elements of mechanics, and who was nearly giving up the attempt in despair, shortly afterwards proved himself a sound anatomist and a brilliant dissector, and passed his professional examinations not only with credit, but also with distinction. While he had to do with abstractions relating to nothing in particular, his mind was shrouded in a mist which nothing could dispel; but when hand and eye and mind came to act together in the acquisition of knowledge, then he found that he was not quite the "duffer" which, in his dejection, he had often called himself.

At the preliminary scientific examination at the London University the papers in physics are the great stumbling-blocks to medical students, and most people who know anything of the requirements of medical study will admit that they are unnecessarily severe; and here also there is the same rigid adherence to the plan of plucking a candidate in all his subjects because he has proved himself weak in one. At Edinburgh the first professional examination embraces only botany, zoology, and chemistry; and at this examination, if a candidate, in the opinion of the examiners, has done well in two of these subjects, but has failed in the third, he is allowed to pass in the two and to take the third at another time. The same wise liberality prevails in dealing with the results of the second and final examinations. This liberality, so far from being favoured at the London University, is utterly discountenanced; and if the same want of adaptability to the requirements of different individuals is inaugurated in the proposed new university, it will, I fear, either prove a failure or simply lead to the growth of another Juggernaut like that in Burlington-gardens. This is why I have been watching the movement with anxiety as well as interest. In England we do not worship many things, but there is one thing to which we bow down with the blindest and most unreasoning adoration, and that one thing is the power of examinations to test the ability of candidates to do anything under the sun. I have passed eight examinations, and the only feeling I have now about them is one of deadly hatred, not to the examiners, but to the examinations themselves, feeling as I do that a good deal of the time spent in preparing for them might have been better employed. It is, perhaps, just that the University of London, accepting as it does candidates from all parts of the world, and relying on examination alone to test their fitness for degrees, should make its examinations stringent and inelastic. In a teaching university such stringency would be unnecessary, and the establishment of such a university in London on the liberal principles to which I have referred, although it might be long before it could successfully compete with the well-appointed laboratories and established reputation of the Edinburgh school, would in the end, I have no doubt, achieve a brilliant success. There would still be left to the existing University of London the high function of conferring its degrees on all who might be able to pass its examinations, without any restrictions as to the place where candidates acquired the knowledge that enabled them to do so.

I am, Sir, yours obediently,

WILLIAM J. NOTLEY, M.D., B.A. Lond.

Birmingham, Jan. 1885.

UNSOUND MEAT.

To the Editor of THE LANCET.

SIR,—As a contribution to the discussion in your journal between medical officers of health and veterinary surgeons, I beg to send you a newspaper with report of the case of prosecution for unsound meat, in which I was recently engaged. I may here mention a fact brought out in evidence which the report does not notice. The animal was carried to the shambles in a low cart. The presumption was that it was unable to walk, which was not denied. Notwithstanding the statements of the local veterinary surgeons that the lungs were not diseased, I cut out portions of lung with extensive deposit, which, along with portions of diseased liver, I forwarded to Dr. Littlejohn, medical officer of health, Edinburgh, and to Dr. Russell, medical officer of health, Glasgow. Dr. Littlejohn has since written me that both lungs and liver were extensively diseased, and that both he and his market inspectors had no hesitation in condemning the carcase as unfit for human food. Dr. Russell writes me that he likewise holds the same opinion. He had, however, submitted portions of diseased lung and liver to Mr. McCall, Principal, and Mr. Limont, Lecturer on Anatomy at the Veterinary College, Glasgow, for examination. After microscopic examination they pronounced the disease not tubercular, but lymphadenoma, and considered the flesh fit for human food, Mr. McCall remarking that if it had been tubercular he would have joined Dr. Russell in condemning it. The market inspectors and food inspector coinciding with the opinions of Messrs. McCall and Limont, the carcase, which had been forwarded to Glasgow, was allowed to be sold as wholesome food. In the newspaper report you will see that the local veterinary surgeons all considered the disease tubercular, but affirmed notwithstanding that the flesh was wholesome and fit for human food. I am glad to find such a high veterinary authority as Principal McCall holds a different opinion. Provost Doig, one of the judges, gave a most remarkable reason why he would not condemn the meat, which is not reported in the newspapers. He asserted that the local authority of the county were in the habit of killing animals suffering from pleuro-pneumonia, burying the lungs and other diseased parts, and forwarding the carcases to be sold for human food. If such is the case (and he ought to know as he acted as assessor for the county), the sooner such practices are put a stop to the better.

This case, you will allow, has ended very unsatisfactorily, and might well deter medical officers of health from prosecuting similar cases. For this reason I am anxious that some definite opinion should be formed on the points raised—namely: 1st. Can the flesh of tubercular animals be considered as wholesome food, and allowed to be sold as such in the public markets? 2nd. Can the flesh of an animal suffering from general lymphadenoma be considered fit for human food? With all due deference to the opinions of Principal McCall and Mr. Limont, I cannot convince myself that the flesh of an animal suffering from a constitutional disease, such as lymphadenosis or tuberculosis, can be considered fit for human food, and consumed without danger to the health of persons consuming it. Trusting this communication may be the means of eliciting the opinions of medical men and veterinary surgeons on the questions raised,

I remain, Sir, yours sincerely,

WILLIAM F. MURRAY, M.D., &c.,
Medical Officer of Health to the Town of Forfar.

Forfar, Jan. 4th, 1885.

*** We have no hesitation in saying that the carcase of an animal which had suffered from tuberculosis was unfit for human food, because (1) there is little doubt that the malady comes under the class of specific diseases having for their essential pathology the development of micro-organisms—organisms which during their life processes generate poisons, not improbably of the nature of cadaveric

alkaloids; and (2) animal food-stuffs undergo great deterioration during the progress of the inflammatory state. We cannot speak so confidently with regard to lymphadenosis, as the effect of the growth on the metabolism of the tissues generally is not well understood. At the same time it is better to err on the right side, and in this instance we hold that it would be wise to condemn the meat, considering it is taken from an animal the subject of a general constitutional malady. It seems to us not unlikely that a greater amount of harm is done to public health by the ingestion of diseased meat than either the public or the profession have any idea of.—ED. L.

THE CORONERS' WITNESSES ACT.

To the Editor of THE LANCET.

SIR,—The fact that the profession owes to the late Thomas Wakley, Esq., M.P., the initiation and successful enactment of the Coroners' Witnesses Act induces me to forward you a decision which I have obtained as to the interpretation of the fifth section of the said Act. It has doubtless not escaped your notice that some coroners have laid down the rule that the infirmaries established under the Metropolitan Poor Act, 1867, come under the category of public institutions where, in virtue of the aforesaid fifth section, the medical officers are compelled to make post-mortems and attend to give evidence, under the warrant of the coroner, without fee or reward. I have always protested against this interpretation of the section, and I was confirmed in that view by a conversation I had some thirty years ago with the late Mr. Wakley, who not only gave me his opinion on the subject, but told me all the difficulties he had to encounter from country gentlemen, who thought that a huge expense would be incurred if the surgeons and physicians of our voluntary hospitals were paid fees for post-mortems and for giving evidence in coroners' courts. He further said that it was only because he dreaded that the Bill would be rejected that he assented to the amendment in the fifth section. I on several occasions gave evidence at inquests held by him at the Strand Union Workhouse, and was always paid the customary fees. The infirmary of the workhouse is a building established in connexion with the workhouse, and in no sense can it be regarded as a separate and distinct institution, and therefore prohibiting the payment of the fee in question. By reference to Lumley, the late legal adviser to the Local Government Board, and to a footnote in Glen's "Consolidated Orders," page 179, it will be seen that the central department holds the same opinion on the subject which I have always contended for.

I am, Sir, yours obediently,
JOSEPH ROGERS, Chairman of the Council,
Poor Law Medical Officers' Association.
Montague-place, W.C., Dec. 31st, 1884.

[COPY.]

14, South-square, Gray's-inn, 18th Dec. 1884.

I do not think the fifth section of the Medical Act (Witnesses) applies to workhouse infirmaries. A workhouse infirmary may be described as a building or place belonging to the workhouse, and used for the reception of sick paupers, therefore part and parcel of the workhouse. It would therefore not come under the term of a place attached to a hospital. It is decidedly not a public infirmary or a medical institution, and is not supported by endowments, and undoubtedly not by *voluntary* subscriptions. The question that remains, so if possible to bring it within the section, is, Is a workhouse a charitable institution? There is a case mentioned in Prideaux, vol. ii., 398, and reported in 28 L. I. ex., 326, which is a case where a conveyance was made to trustees to build a workhouse, the contention being that it was a charitable institution, and came within the statute of mortmain; but it was held not to be within that statute, as there were no charitable uses. From that you will gather that an infirmary to a workhouse cannot be, if the workhouse itself is not, a charitable institution; neither can it be a public one for the above reason. Whether it was or not contemplated to include institutions of this sort at the time of the passing of the Act is not of so much importance as whether the infirmary in question comes within the definition of one of those institutions in which the officers are precluded from receiving fees. I am of opinion that such do not come within the fifth section. I should have wished to refer to Lumley's work, but we have not it in the library. The medical officers should sue in the county court.

(Signed) ARTHUR BEETHAM, Barrister-at-Law.

BRITISH GYNÆCOLOGICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—I see that in to-day's LANCET my name is included in the list of elected office-bearers of the British Gynæcological Society. As a matter of fact, I never heard of the existence, or of the proposed existence, of the Society till December 30th, three days after the election, so there is evidently some mistake. On the 30th I received a request from Dr. Heywood Smith to allow myself to be placed on the Council, and on January 2nd I wrote to him declining the offer, for reasons assigned. These reasons implied neither approval nor disapproval of the new Society, a question on which I have no adequate means of forming an opinion.

I am, Sir, yours truly,
King-street, Manchester, Jan. 3rd, 1885. J. THORBURN, M.D.

*** We have received a note from one of the secretaries of the Society correcting the mistake referred to above.—ED. L.

THE EXCISION OF A CEREBRAL TUMOUR.

To the Editor of THE LANCET.

SIR,—It is still, perhaps, open to argument whether the step taken by "F.R.S." in sending to *The Times* an account of the case of excision of a cerebral tumour was, as you have described it, an act displaying more zeal than discretion, or a masterly stroke of policy which might have gone far to settle the vivisection question, had not the patient unfortunately died. "F.R.S." was evidently misinformed by those who instigated his letter (for he has said that he had no personal knowledge of the case), and led to believe that the man's complete recovery was secured when there were still dangers ahead.

The position which you take up with regard to vivisection when you declare that it is morally justifiable and has rendered valuable assistance to medical and surgical science and practice, but requires to be carefully regulated, seems to me sound and unassailable; but it is to be borne in mind that the question is now not between unrestricted and safeguarded vivisection, but between safeguarded vivisection and the total suppression of experiments upon animals. A Society, powerfully patronised and with ample funds at its command, having for its avowed object the final prohibition of all such experiments, keeps up what Miss Cobbe proudly calls a "yearly growing agitation." A Bill with the same aim has been introduced during each of the last two sessions of Parliament, and has obtained considerable support; and those who know something of the temper and tendencies of the enormous additions that are about to be made to the constituencies tell us that they will be readily caught by the clap-trap of the zoophilists, and misled by a pseudo-humanitarian cry which deceives even large numbers of the cultivated classes, if we may judge by the vote at Oxford last year on the grant for Professor Burdon Sanderson's laboratory. An attitude of dignified abstention from controversy on the part of scientific men is all very well, but it is not thus that popular fights are won, and there is no disguising the fact that the question of vivisection will have to be fought out in the popular arena. Under such circumstances silence and contempt are apt to be mistaken for a confession of weakness or conscious guilt, and it would be pusillanimity in those who believe that regulated experiments on animals are essential to the further progress of the healing art to stand aloof from a discussion which, however disagreeable to them, involves such important issues. If men of science are not up and doing, there is a possibility that experiments on animals will be put a stop to within the next ten years by an Act which it might take a quarter of a century of labour and agitation to get repealed.

Are we to leave our future masters to the fallacious guidance of anti-vivisection demagogue and shrieking sisters? or are we to tell them the plain truth in a language "understanded of the people," and teach them how much their own interests are bound up with the progress of

medical and surgical science? That is a question which medical men and scientists ought seriously to consider.

I am, Sir, your obedient servant,

Jan. 6th, 1885. M.D.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE NEWCASTLE EYE INFIRMARY.

As noticed in a previous letter, the foundation stone of this new building was laid only on October 3rd last, but from the fact of the building having been considerably advanced in its basement when this ceremony took place, the hospital is now a long way towards completion, and may be opened in a few weeks. Though devoid of unnecessary luxury and ornamentation, the structure will meet all the necessities of the most advanced views of hospital construction as applied to the special purpose for which it is designed. The buildings will be in the Renaissance style, the materials being red bricks and Dennick stone, with green slates for the roofs. The principal front will be towards St. Mary's-place, an open quiet street, yet convenient to the great north thoroughfare of Northumberland-street. The main entrance will be placed in the centre, and will be distinguished by an open porch with moulded columns supporting arches, above which is designed a projecting oriel window, with balustrade parapet over it. On either side the windows with mullions and transoms will be enriched by stone pilasters with moulded caps and cornices, the whole surmounted by an ashlar parapet and pedimented dormers. The grouping of the whole will be effective and pleasing. The main entrance will divide the ground floor into two parts. That to the east will be utilised as the administrative department, comprising board-room, retiring-room, kitchen, scullery, boiler-house, and the usual offices. The out-patients' entrance and exit are separate and apart from the main entrance, and the apartments to which access is given are so arranged that the patients will take up their positions in the order in which they arrive, proceed to the consulting-room (with dark room attached), and then to the dispensary waiting-room, passing through in the same order and out of the exit door without retracing any part of the route on the upper floors. The wards for in-patients will be provided with nurses' rooms, having windows overlooking the wards. An operating-room and day-room will be also on the upper floor. From the day-room (overlooking the gardens of Loraine-place) access is given to the ambulatory for exercise, the roofs over some single-storeyed buildings being laid flat for the use of the patients. Nurses' sitting- and bed-rooms will occupy the remainder of the structure. The whole of the buildings will be warmed by the circulation of hot water on the low-pressure system. Ample means of ventilation will be provided on the most approved principles. Messrs. Newcombe and Knowles of this city are the architects, and they would appear to have provided for every necessity of a modern ophthalmic hospital in their arrangement of this building.

THE POLICE SURGEONCY OF NEWCASTLE.

Mr. S. Rayne, who has held for a great many years the office of police surgeon in this city, has resigned through ill health. The post is considered a good one, for, besides leading to a certain amount of private practice, there is a salary of £300 per annum attached to it. The vacancy, as may be supposed, has given rise to a considerable amount of activity amongst our junior surgeons here. It has been hoped by some that the office would be divided into districts, and so open out three or more appointments. I believe, however, that the committee will keep the duties very much as they are, and that Mr. J. R. Baumgartner, who has been for a long time associated with Mr. Rayne in police work, will get the appointment.

Newcastle-on-Tyne, Jan. 7th.

SMALL-POX IN NEWINGTON.—At a meeting of the Newington vestry on Wednesday, Dr. Iliff, medical officer of health, reported the existence of a serious outbreak of small-pox in the parish.

EDINBURGH.

(From our own Correspondent.)

THE ROYAL INFIRMARY.

AT a general meeting of the supporters of this institution on the 5th inst. an annual report of a gratifying character was submitted by the managers. During the twelve months with which it dealt, 7624 in-patients (an increase of 795 on the number for the year before) and 2500 out-patients were treated. The ordinary income for the year was £26,796—an increase of £4160 on that for the previous year. The ordinary expenditure showed an increase of £1195. The managers stated that, notwithstanding the depression of trade, which had affected almost every branch of industry in the country, ordinary contributions from all sources showed an increase of £494. From the building fund account, which was also submitted, it appears that the whole cost of the new Royal Infirmary, including the site and furnishing, was £351,826 6*s.* 8*d.* A debt of £50,885 is still due to the bank. The managers are most anxious to have this cleared off, and appeal to the friends of the institution to aid them in accomplishing this end. In moving that the report be remitted to a committee of contributors for examination, the Lord Provost said the document furnished pleasing evidence that the infirmary possessed the confidence of the people of Edinburgh and of Scotland.

THE PRINCIPALSHIP OF EDINBURGH UNIVERSITY.

A meeting of the Curators of the University was held on the 6th inst. in reference to the filling up of the vacancy in the Principalship caused by the death of Sir Alexander Grant, Bart. There were present Lord Balfour of Burleigh, Lord Kinnear, Mr. T. G. Murray, Lord Provost Sir George Harrison, Sir Thomas Jamieson Boyd, Treasurer Boyd, and Mr. Duncan M'Laren. After nearly an hour's deliberation, the meeting was adjourned for a fortnight, without any decision being come to. It is stated that there were before the Curators the names of a number of gentlemen, any one of whom would accept the office in the event of its being conferred on him; but that there is really no candidate in the field.

ROYAL COLLEGE OF SURGEONS.

A QUARTERLY MEETING of the Council of the Royal College of Surgeons was held on Thursday, Jan. 8th.

The report of the Committee of Management was agreed to, on Mr. Marshall's motion, as follows:—That members of English Universities who shall have passed in the subjects of the first and second examinations of the scheme, and have completed not less than four years' medical study, be admitted to the final examination of the Board on the payment of five guineas, and be entitled to receive the double licence on payment of twenty-five guineas.

Mr. Hutchinson was elected an Examiner on the Board for Dental Surgery. A petition was received from the Northern Provincial Schools of Medicine urging that arrangements be made for the conduct of written examinations under the scheme at the schools themselves, to avoid the necessity of students coming to town so frequently as would otherwise be needful. This was referred to the Committee of Management for decision.

A communication was received from the Association of Members of the College in reference to the mode of election of members of Council, and was referred to the Committee on Charters and Bye-laws.

A letter was received from the Association of Fellows, containing copies of two resolutions passed at their late meeting. The President was requested to invite the Association to send delegates to the Committee on Charters and Bye-laws to confer with them. The proposal that there should be a general meeting of Fellows and Members was agreed to.

Sir James Paget proposed that the Council take measures for placing in the College some appropriate memorial of the late Sir Erasmus Wilson. This was seconded by Mr. Marshall, and carried unanimously. A motion was passed that it be referred to the President and Vice-Presidents to

consider and report to the Council as to the best way to carry the resolution into effect. It was also agreed that from that date candidates who may have failed in one subject at the primary examination shall be allowed to present themselves in that subject, when eligible to do so, without having to pass again in the subject on which they have satisfied the examiners.

THE SERVICES.

Surgeon-Major W. A. Catherwood and twenty non-commissioned officers and rank and file of the Medical Staff Corps left Aldershot for Egypt on Saturday.

MILITIA MEDICAL STAFF.—Surgeon-Major E. Thompson David Harrison, 4th Battalion, the South Wales Borderers, resigns his commission; also is permitted to retain his rank and to wear the prescribed uniform on his retirement.

YEOMANRY CAVALRY.—Royal 1st Devon: Surgeon Albert de Winter Baker resigns his commission.—Leicestershire: John Thomas Jacques, Gent., to be Surgeon.

ADMIRALTY.—The following appointments have been made:—Surgeon Charles William Sharples, to the *Falcon*: Fleet Surgeon George Maclean, M.A., M.B., to Haslar Hospital; Fleet Surgeon James Flanagan, to the *Northumberland*; Staff Surgeon Robert W. Williams, to the *Briton*.

RIFLE VOLUNTEER CORPS.—2nd Volunteer Battalion, the Queen's Own (Royal West Kent Regiment): Honorary Assistant-Surgeon Flaxman Spurrell resigns his commission. —2nd (South) Middlesex: Acting Surgeon Francis Alexander Stokes resigns his appointment.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst.:—

Ensor, Henry Collen, Guy's Hospital.
Hart-Smith, Franke Chamberlain, University College.
Michell, John Charles, London Hospital.
Thurston, Daniel, London Hospital.
Watt, Alex, Kinnear, Edinburgh University.
Wethered, Frank Joseph, London Hospital.

The following gentleman also on the same day passed the Primary Professional Examination:—

Richard Henry Botham, King's College.

MR. H. BAYS has contributed £1000 as a New-Year's gift to the Walsall Cottage Hospital.

THE HUNTERIAN ORATION.—The Biennial Oration in memory of John Hunter will be delivered in the theatre of the Royal College of Surgeons on Saturday, the 14th prox., by Mr. John Marshall, F.R.S.

CHARING-CROSS HOSPITAL MEDICAL SOCIETY.—There will be a meeting of the Society on Friday, the 16th inst., at 8 o'clock, when a paper will be read by Mr. Rorrie Fletcher on "Fracture of the Patella."

PRESENTATION.—On the 24th ult., Dr. Daniel Richmond, of Paisley, was presented with a portrait of himself and a cheque for £463, in commemoration of his having attained his jubilee as a medical practitioner.

LOCAL HEALTH OFFICERS in the State of New York are hereafter to be appointed only after a competitive examination, in accordance with the new Civil Service rules. The examination papers are to be prepared by an examining board of five physicians, to be designated by the Civil Service Commission, and the examinations are to be held in the presence of a county judge, who will transmit the papers to the Commission.—*New York Medical Journal.*

ROYAL INSTITUTION.—Professor H. N. Moseley will on Tuesday next, Jan. 13th, begin a course of five lectures on "Colonial Animals, their Structure and Life Histories." Professor Dewar will on Thursday, January 15th, begin a course of eleven lectures on "The New Chemistry"; and Dr. Waldstein will on Saturday, January 17th, begin a course of three lectures on "Greek Sculpture, from Pheidias to the Roman Era." The Friday evening meetings will begin on January 16th, when Professor Tyndall will give a discourse on "Living Contagia."

DR. W. H. O. SANKEY has been elected Membre Associé Étranger of the Medico-Psychological Society of Paris.

COLLEGIATE PRIZES.—The members of the Royal College of Surgeons, and indeed the profession generally, will be surprised to hear that no essays have been sent in for the Jacksonian Prize for such an interesting subject as the "Surgical Treatment of Uterine Tumours, both Innocent and Malignant." The subject for this prize for the present year is the "Diagnosis and Treatment of such Affections of the Kidney as are amenable to Direct Surgical Interference." The essays must be delivered on or before Thursday, the 31st December next.

THE EPIDEMIC AT KIDDERMINSTER.—The 4th inst., the first Sunday in the New Year, was observed as a day of special thanksgiving in the churches and chapels of Kidderminster for the abatement of the typhoid fever epidemic, which broke out in August and has not yet entirely disappeared. The mayor and corporation officially recognised the occasion as an exceptional one, and attended in state the services at the parish church. Collections were made for the relief of the convalescents, of whom several hundreds have been sent to convalescent homes.

A MEETING of the Watford Local Board was held recently to take into consideration the serious outbreak of diphtheria in the town. The medical officer pointed to the sewer gratings as the primary cause, and the surveyor stated that, though he was constantly flushing and using disinfectants to the open sewers, he could not abate the offensive smells arising from them. A majority of the board were in favour of closing the ventilators and erecting chimney shafts, but at the suggestion of the chairman the surveyor was instructed to bring up a report without delay.

METROPOLITAN DAIRYMEN'S BENEVOLENT INSTITUTION.—The tenth anniversary dinner in aid of the funds of this large and important charity was held on Thursday, Dec. 11th, at the Freemasons' Tavern, Great Queen-street. E. C. Tisdall, Esq., of Holland Park and Esher, one of the founders, was in the chair. He was supported by about 350 representative members and visitors. In his speech he mentioned the fact, most interesting to us, that "the men who have been fined in this institution of above 1000 members can be counted on the fingers of one hand." The stewards' returns showed a sum of £756 10s. 6d.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ARMSTRONG, JAMES, M.B.Rd., L.R.C.S.Ed., has been appointed a Hon. Medical Officer to the Liverpool Ladies' Charity and Lying-in Hospital.

BARNARD, ARTHUR J., M.R.C.S., L.R.C.P.Ed., has been appointed Junior House-Surgeon to the Darlington Hospital, vice Louis Robinson.

BOWHAY, ALBERT, L.R.C.P.Lond., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer and Public Vaccinator to the Beerferris District of the Tavistock Union, vice H. J. S. Liddell.

BRIGGS, HENRY, M.B., F.R.C.S.Eng., has been appointed Honorary Medical Officer to the Ladies' Charity and Lying-in Hospital, Liverpool.

BROATCH, GEORGE T., M.B., C.M., has been appointed Assistant Medical Officer to the East Riding Asylum, vice A. C. Suffern, M.D., resigned.

BROWNE, ARTHUR E. NEWBURY, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Third District of the Pewsey Union, vice Fulcher, resigned.

CLARKE, EGBERT, B.S.Lond., has been appointed Surgeon to the Miller Memorial Hospital.

CLEMOW, ARTHUR H. W., M.B., C.M.Ed., has been appointed Senior Resident Medical Officer to the Royal Free Hospital, Gray's-inn-road, vice Dr. Rabbeth, deceased.

CREED, THOMAS, M.D., has been appointed Medical Officer to the Miller Memorial Hospital.

CROCKER, J. HEDLEY, L.R.C.P.Lond., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the Eccles and District Medical Association, Hampden-grove, Patricroft, near Manchester.

DUNN, H. PERCY, F.R.C.S., has been appointed Assistant Ophthalmic Surgeon to the West London Hospital.

FENNER, ROBERT, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the North Repps District of the Erpingham Union, vice Fluder, deceased.

HARTT, CHARLES H., L.R.C.S.I., L.K.Q.C.P.I., L.M., Medical Officer of Health for Greenwich, has been appointed Medical Officer to the Miller Memorial Hospital, Greenwich.

JOHNSON, THOS. RUSSELL, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the North-East District of the Partington Union, vice Raines, deceased.

KING, FRANCIS J. F., M.B., B.Ch. Univ. Dub., has been appointed Resident Medical Officer to the Monkstown Hospital, co. Dublin.

MOORE, THOMAS, F.R.C.S., has been appointed Surgeon to the Miller Memorial Hospital.

MOXON, HENRY JAMES, L.D.S. R.C.S.E., has been appointed Dental Surgeon to the North Surrey District Schools, Anerley.

NANCE, H. CHESTER, L.R.C.P.Lond., M.R.C.S., L.S.A.Lond. (late Resident Medical Officer to the Children's Hospital, Pendlebury, Manchester), has been appointed House-Surgeon to the Norfolk and Norwich Hospital, Norwich, vice D. D. Day, M.B., F.R.C.S., resigned.

POLAND, JOHN, F.R.C.S., has been appointed Surgeon to the Miller Memorial Hospital.

SWALLOW, FRANCIS McDONALD, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Silkstone District of the Penistone Union, vice McCoubrey.

THORBURN, WILLIAM, M.B., B.S., B.Sc.Lond., has been appointed House-Surgeon to the Clinical Hospital, Manchester.

WILLES, WILLIAM, L.R.C.P.Ed., has been appointed Medical Officer to the Miller Memorial Hospital.

WORTHINGTON, THOMAS B., B.A., M.D. Trin. Coll. Dub., Senior Assistant Medical Officer at the Sussex County Asylum, Hayward's-heath, has been appointed Medical Superintendent to the Hants County Asylum, Knowle Fareham, vice Dr. Manley, resigned.

Births, Marriages, and Deaths.

BIRTHS.

BENHAM.—On the 6th inst., at Museum-street, Ipswich, the wife of Henry James Benham, M.D.Lond., of a daughter.

BURNHAM.—On the 27th November, at 157, Simcoe-street, Toronto, the wife of Dr. Herbert Burnham, of a daughter.

CHANT.—On the 1st inst., Mrs. Ormiston Chant, wife of Thos. Chant, M.R.C.S., of a daughter.

GRANGER.—On the 27th ult., at Nicholas-street, Chester, the wife of Farington Marsden Granger, M.R.C.S., of a son.

HUTCHESON.—On the 4th November, at Allahabad, the wife of Surgeon-Major G. Hutcheson, M.D., of a son.

PATERSON.—On the 1st inst., at Amatola, Great Western-road, Aberdeen, the wife of A. Gordon Paterson, M.B., C.M., of a daughter.

SAUL.—On the 5th inst., at Fenton-Cawthorne House, Lancaster, the wife of Dr. Wingate Saul, of a daughter.

STEPHEN.—On the 2nd inst., at Queen's-gate-terrace, S.W., the wife of Andrew Stephen, M.D., of a daughter.

MARRIAGES.

FERGUSON—BUTTERWORTH.—On the 19th November, at St. Paul's Church, Dunedin, H. Lindo Ferguson, M.A. Trin. Coll. Dub., F.R.C.S.I., third son of the late William Ferguson, of Dublin, to Mary Emmeline, eldest daughter of J. Leech Butterworth, Esq., of Dunedin, Otago, New Zealand.

HENDERSON—BULL.—On the 6th inst., at St. Michael's Church, Highgate, by the Rev. Edgar Smith, Vicar of All Saints, Highgate, assisted by the Rev. D. Trinder, Vicar of St. Michael's, Alexander Milne Henderson, M.D., son of George Henderson, of Whitecrook, Keith, N.B., to Florence, eldest daughter of Henry Bull, of Haziemount, Hornsey-lane, N.

TREVOR—WILLIAMS.—On the 31st ult., at St. Augustine's, Kilburn, Edward Tull Trevor, M.R.C.S., L.R.C.P.Lond., of Great Yarmouth, to Martha Margaret, only daughter of John Williams, late of Upper Westbourne-terrace.

WALLER—PALMER.—On the 6th inst., at the Friends' Meeting House, Reading, Augustus D. Waller, M.D., son of the late Augustus Waller, M.D., F.R.S., to Alice Mary, second daughter of George Palmer, Esq., M.P.

WELDON—CREED.—On the 31st ult., at Holy Trinity Church, Brompton, George Weldon, M.D. Cahus Coll. Camb., to Beatrice Ellen, daughter of the late Colonel Henry Creed, Royal Horse Artillery, late of Bucknalls, Hertfordshire.

DEATHS.

BASKERVILLE.—On the 22nd ult., after a long illness, John Dunbar Baskerville, L.R.C.P., L.R.C.S.I., L.S.A.Lond., of Hopton-road, Coventry-park, Streatham, aged 36.

CLOUGH.—On the 12th November, at Gympie, Queensland, Australia, Morley Biddison Clough, M.R.C.S., L.R.C.P.Ed., L.M., late of Worksop, Notts, and Hambledon, Hants, aged 28.

DAVIES.—On the 4th inst., at his residence, Vale Mount, Hampstead, Herbert Davies, M.D., F.R.C.P., of Finsbury-square, aged 66.

GODFRAY.—On the 6th inst., at his residence, 81, New-street, Jersey, of phthisis, Amiraux Godfray, M.R.C.S., in his 34th year. Friends will kindly accept this intimation.

HAY.—On the 4th inst., suddenly, William Banks Hay, M.R.C.S.&L., M.D. Aberdeen, L.R.C.P.Ed., of 1, Albion-street, Hull, aged 68.

MAYNARD.—On the 1st inst., at Hastings, Forster F. M. Maynard, L.R.C.P.Lond., M.R.C.S.Eng., eldest son of the late Rev. Forster-Maynard, Rector of Kirk Bramwith, Yorkshire.

MORTON.—On the 28th ult., at his residence, The Cold, Stroud, Gloucestershire, George Edward Morton, M.D., Inspector-General, H.M. Indian Medical Service (retired).

SANDILAND.—On the 4th inst., suddenly, of spasmodic croup, Denys, infant son of A. H. Sandiland, L.R.C.P.Lond., of Oakley House, Southgate-road, N.

STOKES.—On the 1st inst., at his residence, Howell-road, Exeter, Adrian Stokes, M.D.

STUART.—On the 14th ult., at 4, Kyd-street, Calcutta, Dr. Kenneth Bruce Stuart, aged 49.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, January 8th, 1885.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Jan. 2	30·22	S.E.	39	32	...	37	30	...	Overcast
,, 3	30·01	S.E.	35	33	...	46	31	...	Overcast
,, 4	30·17	N.W.	37	33	...	45	33	...	Cloudy
,, 5	30·08	S.W.	45	43	...	49	35	...	Cloudy
,, 6	30·21	N.W.	34	33	...	43	32	...	Foggy
,, 7	30·39	W.	33	33	...	43	31	·01	Foggy
,, 8	30·01	S.W.	39	37	...	...	31	...	Cloudy

Medical Diary for the ensuing Week.

Monday, January 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M. each day, and at the same hour.

ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesdays at the same hour.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

MEDICAL SOCIETY OF LONDON.—Dr. Heron will show Specimens in Pure Cultivation of the Comma Bacillus.—Dr. Samuel West: A Case of Aphasia; Lesion in the Supra-marginal and Angular Gyrus.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Election of Officers and Council.—Communication from Mr. E. A. Bogue of New York.—Mr. Storer Bennett: "Herbst's Method of Filling Teeth with Gold."—Valedictory Address by the President.

Tuesday, January 13.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 P.M., and Thursdays at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M., and on Fridays at 2 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—Adjourned discussion on Dr. Kidd's paper on the Distribution of the Tubercle Bacilli in the Lesions of Phthisis. Dr. Kidd's Specimens will be on view half an hour before the meeting.

ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8 P.M. Mr. Oldfield Thomas: Account of a Collection of Human Skulls from Jervis Island, Torres Strait.—Mr. A. L. P. Cameron: Notes on some Tribes of New South Wales.

ROYAL INSTITUTION.—3 P.M. Prof. Moseley: Colonial Animals.

Wednesday, January 14.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays at 1.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department: 9.30 A.M., on Tuesdays and Fridays.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour. Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

HUNTERIAN SOCIETY.—7.15 P.M. Council.—8 P.M. Dr. Radcliffe Crocker: The Internal Administration of Turpentine in Cutaneous Diseases.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—7.30 P.M. Meeting of Council.—8 P.M. Surgeon-General W. J. Moore: The Constitutional Requirements for Tropical Life, with especial reference to Temperaments.

ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. A. D. Michael: Notes on the Life History of some of the little known Tyroglyphidæ.—Mr. C. Thomas: On a New Species of Acineta.

OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown by Dr. Edis, Mr. W. S. A. Griffith, Dr. Amand Routh, Dr. Heywood Smith, and others.—Dr. William A. Duncan: On the Extirpation of the Entire Uterus.

Thursday, January 15.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ROYAL INSTITUTION.—3 P.M. Prof. Dewar: The New Chemistry.

Friday, January 16.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—9 P.M. Prof. Tyndall: Living Contagia.

Saturday, January 17.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Dr. Waldstein: Greek Sculpture.

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

INFLUENCE OF THE WEATHER UPON NERVOUS SUFFERERS.

DR. EYSELEIN of Blankenburg has called attention to the fact that nervous sufferers are unfavourably affected by the presence of a large proportion of ozone in the air. At the same time he remarks that a moderate proportion is undoubtedly beneficial. Referring to barometrical variations, he attributes to heavy air a tranquillising influence upon persons who are suffering from nervous disorders.

Mr. F. D. Askey.—Our correspondent's argument is based on the assumption that *vaccinia* and *variola* are one and the same disease. This—the original opinion of Jenner—has no substantial support in experience. It is generally accepted that vaccinia does not obey the same laws in its propagation as those which obtain with regard to variola. Vaccinia can only be communicated by direct transference or inoculation; it is not infectious like variola.

Mr. Woodson.—We regret we cannot assist our correspondent in his object.

FOUR TWIN BIRTHS IN SUCCESSION.

To the Editor of THE LANCET.

SIR,—On the evening of Dec. 17th I delivered Mrs. O——, aged twenty-nine years, the wife of a small farmer living about two miles from my house, of twins. In conversation I found that this was the fourth time in succession that she had been delivered of twins. She was born on Sept. 15th, 1855, was married on June 1st, 1871 (at the age of sixteen years), and had been delivered in order of the following:—1872, July 27th, girl; 1874, March 11th, boy; 1876, Jan. 18th, boy; 1877, Oct. 7th, girl; 1880, Aug. 24th, twins, boys; 1881, March 12th, twins (fourth month) boys; 1883, April 6th, twins, boy and girl; 1884, Dec. 17th, twins, girls. All the children, with the exception of the one born in 1874 (who died in convulsions in 1876) and the children delivered in 1881, are living and healthy. There was in each case of twins but one placenta. I may add that the left hand of the first child born in December last is absent, the ends of the radius and ulna apparently having no covering but connective tissue and skin. The mother of Mrs. O—— had twins upon two occasions, with two single pregnancies between. I can find no recorded case of four consecutive twin pregnancies. This case may therefore interest your readers.

I am, Sir, yours faithfully,

Hinton, Salop, Dec. 27th, 1884. JOHN HANNAY.

"A NEW DISEASE."

THE Russian doctor who has invented "Psychopathy" is to be congratulated on his ingenuity and fertility of resource rather than on his scientific acumen. The mental erase and moral hebetude included under this new term is a perfectly well-recognised form of what Dr. Prichard classed as "moral insanity." No creation of a special term was necessary.

Leeds.—The card is in bad form, and especially the distribution of it. It is advertising, and should be discontinued by consultants. The profession of the neighbourhood should collectively express its disapproval.

Mr. Roger T. Smith.—Inquiry shall be made into the matter.

THE BOATS BETWEEN CALAIS AND DOVER.

To the Editor of THE LANCET.

SIR,—I beg to call attention to the lack of protection afforded from weather in the boats which run between this country and the Continent. Surely, in the present inclement season it behoves the companies to see to this important matter, which should easily and promptly be remedied. Trusting your lay contemporaries will echo this idea, and bring pressure to bear in the right quarter, I am, Sir, yours truly,

London, Dec. 20th, 1884. JOHN LUCAS, M.D., F.R.C.S., &c.

WHITTLE AND HUTCHINSON FUND.

THE following additional contributions have either been received or promised:—

Dr. J. Cameron	...	...	£10	10	0	Mr. F. W. Lowndes	...	£1	1	0
Dr. G. Walker	...	...	5	5	0	Mr. R. Williams	...	1	1	0
Mr. R. Lund	...	...	5	5	0	Mr. C. Puxey	...	1	1	0
Dr. E. H. Dickinson		...	5	5	0	Mr. G. R. Walker		1	1	0
Dr. Fitzpatrick	...	...	5	5	0	Dr. McAfee	...	1	1	0
Mr. R. Hamilton	...	...	3	3	0	Dr. Finnigan	...	1	1	0
Dr. Glynn	...	...	2	2	0	Mr. B. Blower	...	1	1	0
Dr. Adam	...	...	2	2	0	Dr. Herbert Taylor		1	1	0
Dr. Burton	...	...	2	2	0	Dr. Caton	...	1	1	0
Dr. Bowen	...	...	2	2	0	Dr. Imlach	...	1	1	0
Mr. J. Hakes	...	...	2	2	0	Dr. Prytherch	...	1	1	0
Mr. R. Harrison		...	2	2	0	Mr. D. Harrisson		1	1	0
Dr. Beaman	...	...	2	2	0	Dr. Rawdon	...	1	1	0
Dr. Wallace	...	...	2	2	0	Mr. N. Marsh	...	1	1	0
Dr. A. Davidson		...	2	2	0	Dr. A. W. Pierce		1	1	0
Dr. Pierce (Hoylake)		...	1	1	0	Mr. J. Newton	...	1	1	0
Dr. Barron	...	...	1	1	0	Dr. J. P. Harris	...	1	1	0
Mr. E. Parker	...	...	1	1	0	Mr. C. Johnson	...	1	0	0
Dr. Weaver	...	...	1	1	0	Dr. A. Cameron	...	1	0	0
Dr. D. Hendry	...	...	1	1	0	Dr. Renshaw	...	0	10	6
Dr. Roger Parker		...	1	1	0	Mr. W. Turner	...	0	10	6
Dr. Hopper	...	...	1	1	0	Dr. Mules	...	0	10	6
Dr. Gorst	...	...	1	1	0	Dr. Pitcairn	...	0	10	6
Dr. C. B. Wilson		...	1	1	0	Mr. T. Dawson	...	0	10	6
Dr. R. Brannigan		...	1	1	0	Dr. Bailey	...	0	10	6
Dr. Sinclair	...	...	1	1	0	Dr. Bernard	...	0	10	6
Dr. Oxley	...	...	1	1	0	Mr. E. Jackson	...	0	5	0
Mr. E. A. Browne		...	1	1	0	Dr. Bradley	...	0	5	0

Subscriptions should be sent to Dr. Nevins, 3, Abercromby-square, Liverpool, or to the "Whittle and Hutchinson Fund," North and South Wales Bank, Hardman-street, Liverpool.

Mr. H. W. Smith.—Certainly not. There is no monopoly of knowledge in medicines nowadays.

WE agree with a correspondent, that advertising the names of physicians and surgeons of hospitals in newspapers is objectionable.

SMALL-POX BREAKING OUT AFTER FULL DEVELOPMENT OF VACCINATION.

To the Editor of THE LANCET.

SIR,—Out of a large number of small-pox cases I have attended in this neighbourhood the following is one of some interest, as showing how vaccination ran its regular course in a patient whose system must have already been infected with small-pox poison, and where also the small-pox was uninfluenced in any way by the vaccination.

Emily W——, aged twenty-one, on Dec. 23rd had primary vaccination performed. In a day or so she began to complain of her arm. On the 29th she was obliged to take to her bed with a bad headache and severe lumbar pain and tenderness. On the 30th the vaccination had taken well in four places; there was no swelling or inflammation of the arm; the lumbar pain and tenderness had increased. On the 31st the pain was slightly better, but the back was still very tender; the patient vomited twice during the morning, was very feverish, and would take no food; two small vesicular spots appeared near the mouth. On Jan. 1st the pain and tenderness of back were much better, and the patient was covered with a typical small-pox rash; towards evening she became delirious, and had a very bad night; she has since been removed to a hospital. The patient's sister (who had been sleeping with her up to the day before the rash made its appearance) was revaccinated on the same day (Dec. 23rd), and took well, as did others who were vaccinated with matter from the same source. I am, Sir, yours truly,

Lower Norwood, Jan. 6th, 1885. CHAS. E. ADAMS, M.R.C.S., L.S.A.

M. M. M.—If the contents of the cesspool are still liquid, a strong solution of common sulphate of iron, made by adding the salt to ten times its weight of hot water, should be abundantly applied before removal. Failing this, use a solution of chloride of lime. If it is desired to keep the contents as dry as possible, recently burnt lime may be thrown in. The liquid contents, on removal, should be at once applied to land and dug in; any heap of filth being covered with freshly burnt lime or clean dry earth.

G. H. S.—The best course is to bring pressure to bear upon the Beckenham Local Board of Health to provide a small hospital for the isolation of first attacks of infectious diseases occurring in their district. They have full power to do this under Section 131 of the Public Health Act, 1875. Communication of the details to the Local Government Board might be helpful.

THE CHOLERA EPIDEMIC IN EDINBURGH IN 1848-49.

To the Editor of THE LANCET.

SIR,—Could you or any of your readers inform me where I shall find a record of the epidemic of Asiatic cholera as it visited Edinburgh during 1848-49. I am, Sir, yours truly,

Devonport, Dec. 10th, 1884. EVERARD HOME SAUNDERS, Surgeon, Royal Navy.

*** We are unable to find any connected account of cholera in Edinburgh in 1848-49; even the Scotch medical papers of that date fail to supply any adequate information. Under the heading of "Cholera," however, notices will be found in the *Monthly Journal of Medical Science* vol. 1848-49; the mortality statistics could also be procured; and so a general idea of the epidemic could be made out.—ED. L.

THE DOCTOR'S WIFE.

A SOMEWHAT interesting legal action is reported in a recent number of the *Glasgow Herald*, in which a widow lady tried in the sheriffs court to recover £50 in respect of injuries to her health from a medical man, which injuries were alleged to have been produced by medicines prescribed and supplied in the absence of the medical man by his wife. It was sought to show that in this case the wife was the agent of her husband, and that he was responsible. The injuries alleged were salivation and its consequences, due to a quantity of mercury prescribed by the defender's wife. The defender denied that the powder given contained anything unusual either in quantity or quality, and, while admitting that his wife occasionally assisted "in the shop" in his absence or that of the assistant, denied that his wife had any authority to prescribe. He argued that the pursuer (plaintiff) took the risk of the suitability of the powder. Sheriff Guthrie, in giving judgment in accordance with this view of the case, dismissed the action, and found the pursuer liable in expenses. Most people will agree with this judgment. It would be absurd to think that any sane person could conclude that a doctor could delegate prescribing powers to his wife. At the same time the case may serve as a useful warning to good wives, who abound in the medical profession, in the absence or agency of their husbands to be, if not "wise as serpents," at least "as harmless as doves."

"AGORAPHOBIA."

To the Editor of THE LANCET.

SIR,—I was interested in reading Dr. White's account of his case of "agoraphobia" in your columns. I have for years been subject to this complaint. My first symptoms came on about nine years ago, with a loss of confidence in myself in dispensing; this lasted for some time, then was followed by a period of religious mania for a few weeks. I sold my practice, and the latter symptom gradually went off; then came on the "agoraphobia"; and I have been for years more or less, according to symptoms, frightened to go any greater or lesser distance from home, lest I should be taken ill away from aid; sometimes even the presence of a companion not being sufficient to calm my fear. Other symptoms have been a throbbing of the carotids, I suppose on lying down in bed; and I have awoke sometimes with numbness in the right arm or hand if I lay on that side. My worst symptom now is the "agoraphobia," and that perhaps when I have done a thing I may go back again and again before I can rest assured I have done it or done it right. I attribute my illness to excitement, worry, and over-work; but, as there is nothing now in my surroundings to retard my recovery, I should be glad if any kind correspondent would give an account of a case he has treated satisfactorily. I am, Sir, yours truly,

Jan. 6th, 1885. SURGEON.

"STREET ILLNESS AND BAD POLICE AND WORKHOUSE REGULATIONS."

To the Editor of THE LANCET.

SIR,—The extract from *The Times* which you quote in your last issue reflects unfavourably upon the authorities at this institution. The facts are these:—A constable, at half-past six on the morning of the 22nd ult., drove up in a cab, and applied to the porter at the workhouse, saying that a man was ill in the vehicle, but failed to state that he deemed it an urgent case. The porter on duty did not therefore refer to either of the medical officers of the infirmary, but acted, in the apparent absence of urgency, as he is instructed to do by the guardians, in sending the case to the divisional surgeon of police, who is within two minutes' drive of the workhouse.

I need hardly add that all cases of severe and sudden illness are at once admitted, irrespective of the social position and parish to which the person belongs, if harm might accrue from the delay in obtaining the usual order; and in this case, had the attention of the resident medical officer been called to the condition of the patient, he would undoubtedly have been admitted.—Yours obediently,

H. P. POTTER,
Kensington Infirmary, Jan. 5th, 1885. Medical Superintendent.

THE MEDICAL DIRECTORY FOR 1885 AND THE NORTH-WEST LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—In the Medical Directory for 1885 the names of Sir Andrew Clark and Mr. Christopher Heath are given as members of the consulting staff of the North-West London Hospital. As these gentlemen have refused to continue their connexion with this institution, as shown by a copy of a letter herewith enclosed, I feel it my duty to call public attention to the error committed by those who are responsible for such wrongful information being communicated to the Directory.

I am, Sir, your obedient servant,

A GOVERNOR OF THE NORTH-WEST LONDON HOSPITAL.

Dec. 30th, 1884.

"16, Cavendish-square, Nov. 18th, 1884.

"DEAR DR. CULLIMORE,—I deem it my duty to inform you, as chairman of last night's meeting, that Mr. Heath and I, after fully considering the questions discussed, have resolved to terminate our connexion with the North-West London Hospital. Perhaps you will kindly communicate the substance of this note to the other members of the meeting.

"Faithfully yours,

"ANDREW CLARK."

THE PRACTICE OF MEDICINE IN RUSSIA.

THE number of medical men in Russia, according to the official statistics for 1883, is 15,331, the majority being residents of cities, and the country very badly supplied. There are medical faculties in Kief, Kazan, Charkov, Moscow, Warsaw, Helsingfors, and Dorpat, the first five of which give instruction in the Russian language, while at Helsingfors Swedish is spoken, and at Dorpat German. There is, besides, an army medical school. In the Russian schools there is a five years' graded course, with yearly examinations. At the end of this course an examination must be passed for the title of physician, after which, if it is so desired, the candidate may pass on to the doctorate examination, in order to obtain which degree a more exact knowledge of theoretical subjects is necessary than that required at the examination for the title of physician. A doctor ranks as eighth in the classes defined by the State, while a physician is one step farther down the scale. Russia has a paternal Government, and her medical sons are not neglected, but are placed under the care of the Minister of the Interior. The business of the Minister of the Interior is defined to be to watch "the industry and scientific ability of the physicians, and to report thereon yearly." The Government also takes them under its protection when they are subject to unjust attacks. Regarding fees, too, a law for their regulation passed in 1789 still remains on the Statute Book; but owing to the extreme smallness of the fees allowed, it is practically a dead letter, although, of course, it can be enforced at any time. Russian medical societies are not very flourishing, owing to an every-man-for-himself spirit that exists among the physicians there. The oldest is the Society of Russian Physicians, founded in 1833. The members of this society are intensely national in their feelings, as was evidenced in one of the addresses at their semi-centennial celebration, when the speaker congratulated his hearers that at last Russian medicine had thrown off the German yoke. This feeling was also exhibited in an order recently promulgated by the Minister of War, to the effect that not more than 4 per cent. of the army surgeons should be Jews. There are five other societies, one of them composed chiefly of German physicians, in St. Petersburg, and seventy-three in the provinces. In addition there are several mutual aid and benefit societies among medical men. Considerable progress has been made in the last decade in medical journalism. The leading journal is the *Vratch*, founded by Manassein in 1880. Next to the *Vratch* comes the *Russkaya Medicina* and the *Meditsinski Vestnik*. Another journal, composed principally of abstracts, but containing also some original articles, is the *Meditsinskoye Obosrenoye*. The organ of the German physicians is the *St. Petersberger Medicinische Wochenschrift*.

Beta.—The undertaking is an unreasonable one. But a contract is a contract, and must be regarded.

"THE P. AND O. COMPANY'S MEDICAL SERVICE."

To the Editor of THE LANCET.

SIR,—I write to you as a private practitioner who is in the habit of advising a sea voyage to many of his patients as a means of cure, to ask you by your powerful aid to encourage the medical officers of the P. and O. Company to one and all refuse to submit to the extraordinary circular published by your correspondent, "A P. and O. Surgeon," in to-day's issue of THE LANCET. Should the circular be persisted in, I cannot think that any self-respecting medical man will remain a day longer than he is compelled in the service of a company that would simply force him to act as a dispenser of nostrums which, although perhaps not immediately dangerous to life, would very often inflict great injury upon the persons for whose health he ought to be held responsible. It has been my habit when sending a patient a voyage, if he required a continuance of treatment, to always communicate privately with the ship's surgeon, and indicate the course of treatment my patient was undergoing, and to ask him kindly to give the passenger named the benefit of his advice, should it be necessary. Now, if this ill-judged circular is persisted in, I shall feel that the P. and O. line is shut to my patients, if I do not want them to become confirmed opium eaters, or the victims of chloral, or mercurial, or arsenical poisoning, from their being able to extort from their doctor at sea prescriptions that I should never have permitted them to handle on shore.—Yours truly,

Jan. 3rd, 1885. M.R.C.S.Eng.

DISCUSSION OF MEDICAL QUESTIONS IN THE LAY PRESS.

A CORRESPONDENT complains of this practice by what he calls the "Birmingham celebrities." We wish they were the only sinners in this respect. But the subject is too serious to be discussed here.

H.—The case is not quite a simple one. The friends naturally felt anxious, and wanted an independent, separate opinion. They erred in not being more frank with Dr. H——. Mr. E—— should have told them—perhaps he did tell them—to inform Dr. H——.

Subscriber.—There is nothing in the qualification to legalise the use of such a title.

Dr. F. J. Mount.—Next week.

WILD ANIMALS AND SNAKES IN INDIA.

THE loss of life from wild animals and snakes in India was greater both in human beings and cattle during 1883 than in the previous year. The increase is not very large, but it has for several years past been continuous, and the deaths during 1883 amounted to 22,905. Of this number 20,067 are put down to snake-bite.

Mr. Stephens.—Our correspondent has clearly a claim against the guardians, not having received any instructions from them not to accept the relieving officer's orders for midwifery cases. The guardians are answerable for the errors of their servant, and it is their place to get from him the fees which are due to the medical officer.

J. R.—The statement is not clear enough for us to express a judicial opinion on the case.

A REMEDY FOR STREET NOISES.

To the Editor of THE LANCET.

SIR,—Some years ago, owing to illness and long residence in the tropics, I became morbidly sensitive to noises of every kind, and procured complete relief in the following way. I placed some spermaceti ointment in the centre of a little square of thin, limp cotton, brought the corners together, tied them with thread, and inserted one of the little plugs well into each ear, and after a little kneading and gentle pressure found that I was absolutely deaf to all ordinary noises, such as the loud barking of dogs and the rumbling of heavy carriages in the streets. A couple of points must be carefully attended to. The ointment must not be too soft, the quantity about the size of a small pea, and the little bag must be somewhat larger than its contents, to allow the plug to take the shape of the auditory canal. If the bag be too small, or its contents larger in size than a pea, it cannot be inserted into the ear, and if applied only to the orifice it entirely fails in its object. This little experiment is easily tried, and a daily experience of over twelve months warrants me in saying that it will be found invaluable in the sick room.

I am, Sir, your obedient servant,

London, Jan. 4th, 1885. M.D.

Ultra.—The Registrar-General's Annual Reports are published by Messrs. Eyre and Spottiswoode, Queen's Printers, East Harding-street, Fetter-lane, and may be ordered through any bookseller. The price of the last published Annual Report, relating to the year 1882, is 2*s*.

THE TITLES OF AN APOTHECARY.

L. S. A. is scarcely likely to be molested for calling himself surgeon-accoucheur. But we must admit that such titles are not covered by the qualification which confers upon its owner the title of apothecary.

Vesr.—The degree in question is not equal to a British one, but is fairly respectable. It carries the title of M.D. It is not registrable in England, and the collapse of legislation suggests no prospect of its becoming so.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Squire; Dr. Testi Alberico, Fermo; Dr. J. Lucas, London; Mr. Geo. Mason, London; Mr. Hicklsion; Dr. Théodore Williams, London; Dr. Thorburn, Manchester; Mr. Butcher, Birkenhead; Dr. W. F. Murray, Forfar; Mr. C. H. Steele, Liverpool; Messrs. Woodhouse and Rawson, London; Prof. Buchanan, Glasgow; Mr. Mecres, Bath; Mr. Herbert Allingham, London; Mr. Barnardo, Lon[illegible]; Mr. Headley Neale, Leicester; Mr. Bowlby, London; Mr. Rivi[illegible]on, London; Mr. T. Bois, Gloucester; Dr. Sanctuary, Salisbury; Dr. Braxton Hicks, London; Mr. Prendergast, Paignton; Dr. Maclagan, London; Mr. Cuthbert Johnson, Daventry; Mr. R. Jeffreys, Chesterfield; Mr. J. Beatty, Dublin; Dr. W. J. Notley, Birmingham; Mr. H. B. Potter, London; Brigade Surgeon McCarthy; Mr. H. O. Thomas, Liverpool; Mr. W. Alexander, Liverpool; Dr. Fenwick, Glasgow; Mr. J. Thompson, Liverpool; Messrs. Lebon and Co., London; Dr. J. S. Stokoe, London; Dr. Whitson, Glasgow; Mr. Kelly, Sutton Coldfield; Mrs. Macdonald, Bournemouth; Miss Johnstone; Mr. Fluder, Cromer; Mr. Ricker, St. Petersburg; Dr. Symes, Halifax; Mr. Watson; Messrs. Wright and Co.; Mr. Pentley, Camberwell; Dr. Cocks, Forte; Dr. Shardham, Evershot; Messrs. Austin and Son, Clifton; Messrs. Beal and Co., Brighton; Mr. Norman, Southsea; Dr. Worthington, Hayward's Heath; Mr. Warrener, Liverpool; Messrs. Debenham and Co., London; Mr. Duncan, Aberdeen; Mr. Johnston, Bedford; Dr. McNaughton Jones, London; Mr. Stilliard, Birmingham; Mr. Palmer, Weston-super-Mare; Mr. Marsh, Wigan; Mr. Birchall, Liverpool; Mr. Davies, Newport; Messrs. Wood and Co., New York; Mr. Ellison, New York; Mr. Warton, Halifax; Messrs. Loeflund and Co., London; Dr. Armstrong, South Shields; Mr. Williams; Mr. Townsend, Exeter; Messrs. Cook and Townsend; Mrs. Hartley, Worcester; Dr. Savage, London; Mr. S. O. Bishop, Koomtai; Dr. Ernst Groth, London; Mr. C. B. Maitland, Bombay; Mr. Noight, Bury; Mr. Blamey, Penryn; Mr. Shirley Deakin, Allahabad; Mr. T. P. Stevens, London; Mr. C. E. Adams, London; Mr. Waddy, Gloucester; Mr. Raupert, London; Mr. Philip; Mr. L. Humphrey, Cambridge; Mr. J. W. Pratt; Mr. Buhicrosan, London; Mr. Dalby, London; Mr. McKinney; Dr. Douglas Powell, London; Mr. T. Cooke, London; Mr. Clarke, Whitchurch; Mr. Lee, Burton-on-Trent; Mr. Clark, Doncaster; Messrs. Norman and Co., Cheltenham; Mr. Rawlins, Herne Bay; Beta; M.D.; A Previncial Fellow; T. R., Exeter; Magna est Veritas; M.B.; M.R.C.S.; Surgeon; Yorkshire; G. H. S.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Smith, Mr. Baraham, Toronto; Mr. Hartley, Cheltenham; Dr. Adams, West Malling; Mr. Flint, Westgate-on-Sea; Mr. Haine; Miss Sidney, Brighton; Dr. Marsh, Hindley; Dr. Lloyd, Yarmouth; Mr. Denman, Beaconsfield; Mr. Stilliard, Birmingham; Dr. Simpson, Aberdeen; Mr. Hellard, Portsmouth; Mr. Johnstone, Bedford; Dr. O'Keefe, Rangeakiddy; Dr. Norton, Leominster; Mr. Macdonald, Dunedin, New Zealand; Dr. Drayn, Tunbridge Wells; Messrs. Redfern and Co., Leicester; Dr. Beale, Tottenham; Mr. Oakley; Mrs. Rawlins, Westgate; Dr. Redwood, Rhymney; Mr. Jones, Middleton; Mr. Fuge, Taunton; Mr. Gairdner, Naples; Mr. Appleton, Beverley; Dr. Warren, New England; Mrs. Simpson, Oldham; Mr. Shellswill, Holloway; Mr. Lee, Notts; Mr. Lightfoot, Newcastle-on-Tyne; Mr. Illingworth, Clayton-le-Moor; Dr. Heelas, Hampstead; Messrs. Mackay and Co., Edinburgh; Dr. Woodman, Exeter; Mr. Phelps, Bristol; Mr. Evans, Cardiff; Dr. Herbert; Dr. Hicks, Hendon; Dr. Mair; Mr. White, Bayswater; Mr. Thorpe, Boreham; Mr. Harkin, Dublin; Mr. Dorman, Natal; Messrs. Butt and Son, Little Hampton; Miss De Luttichau, Holloway; Mr. Campbell, Crediton; Miss Fluder, Cromer; Dr. Saul, Lancaster; Miss Warton, Halifax; Mr. Arnold; Mr. Holloway, Kidderminster; Mr. Pritchard, Hinckley; Dr. Dowker; Dr. Gramshaw, Kew; Mrs. James, St. John's-wood; Mr. Howarth, Twickenham; Mr. Boyveau, Paris; Mr. Lee, Saxmundham; Cantab., Darlington; P. P.; Q. Q.; Max; L.R.C.P.; Y., Manchester; M.D., Chesterton; T. M.; H., Fulham; M.B., Edinburgh; T. J., Rise; A. B. C.; Alpha, Exeter; Medicus, Dorking; Surgeon, South Shields; Medicus, Minchinhampton; M. C., Newcastle-on-Tyne; Medicus, Andover; H. S.; Medicus, Denmark-hill; T. H.; Xenophon; X. X. X.; Medicus, Hackney; X. Y., Dalston; Spes, Deptford; M.D., Liverpool; A. B., Regent's-park; Medicus, Guildford; M.D., Swanage; H. E. P., Loughborough.

Philanthropist, Oldham Daily Standard, Bucks Herald, Westminster and Chelsea News, Dundee Advertiser, Calcutta Englishman, Liverpool Courier, &c., have been received.

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